

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 10:20

DOCUMENT # **167202** (1)

1. Corporation Name
IRVING BERLIN CASUALS, INC.

Principal Place of Business	Mailing Address
IRVING BERLIN 1919 HOLLYWOOD BLVD. HOLLYWOOD FL 33020	IRVING BERLIN 1919 HOLLYWOOD BLVD. HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/28/1951	3a. Date of Last Report 03/18/1994
4. FEI Number 59-0662755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COHEN, LEWIS 1919 HOLLYWOOD BLVD HOLLYWOOD FL 33020	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City
	FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature of Registered Agent required when recording.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P COHEN, LEWIS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1919 HOLLYWOOD BLVD	1.2 NAME	
STREET ADDRESS	HOLLYWOOD FL	1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE	VPS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COACHES, RONNA COHEN	2.2 NAME	
STREET ADDRESS	1919 HOLLYWOOD BV	2.3 STREET ADDRESS	
CITY, ST, ZIP	HOLLYWOOD FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ronna Cohen*
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-95 Date 305-921-2561 Telephone No.