FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 FEB 28 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **176445** **(5)**

1. Corporation Name
ONE HUNDRED SEVENTY-SECOND COLLINS CORP.

Principal Place of Business	Mailing Address
17190 COLLINS AVE MIAMI FL 33160	17190 COLLINS AVE MIAMI FL 33160

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/10/1953	3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-0712038	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No	

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

8. Name and Address of Current Registered Agent

GOODMAN, ARTHUR
17190 COLLINS AVE.
MIAMI BEACH FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	STAMLER,N J	1.2 NAME	
STREET ADDRESS	9565 BAY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	= ☑ Change ☐ Addition
NAME	ARKIN,L JULES	2.2 NAME	=
STREET ADDRESS	407 LINCOLN ROAD	2.3 STREET ADDRESS	1111 LINCOLN Road Suite 500
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	Miami Beach, FL. 33139
TITLE	D	3.1 TITLE	= ☑ Change ☐ Addition
NAME	COHEN, LEWIS	3.2 NAME	=
STREET ADDRESS	9565 BAY DRIVE	3.3 STREET ADDRESS	48 HUNTING LANE
CITY-ST-ZIP	SURFSIDE FL	3.4 CITY-ST-ZIP	E. HAMPTON, N.Y. 11937
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ARKIN, NORMAN A	4.2 NAME	
STREET ADDRESS	1827 PURDY AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	= ☑ Change ☐ Addition
NAME	GOODMAN, ARTHUR	5.2 NAME	=
STREET ADDRESS	3401 N COUNTRY CL DR.	5.3 STREET ADDRESS	20505 E. COUNTRY CLUB DRIVE #537
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL. 33180
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	STAMLER, STEVEN	6.2 NAME	
STREET ADDRESS	9184 BAY DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 2/1/95 305-947-4581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
NORMAN J. STAMLER, PRESIDENT

0172237 CP