

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
 CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **321896** (3)

1. Corporation Name

CONSTELLATION OF FLORIDA INC



Principal Place of Business: **98-01 COLLINS AVE. BAL HARBOUR FL 33154**
 Mailing Address: **98-01 COLLINS AVE. BAL HARBOUR FL 33154**

| | |
|---|--|
| 3. Date Incorporated or Qualified 10/10/1967 | 3a. Date of Last Report 01/31/1995 |
| 4. FEI Number 59-1237665 | Applied for <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" 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 Suite, Apt #, etc. | 26 Suite, Apt #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

KONIGSBERG, ALEXANDER
98-01 COLLINS AVENUE
BAL HARBOUR FL 33154

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 state if applicable (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------|--|---|---------|
| TITLE | NAME | 11 TITLE | 12 NAME |
| <input type="checkbox"/> DELETE | P KONIGSBERG, ALEXANDER 98-01 COLLINS AVENUE BAL HARBOUR FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | V KONIGSBERG, JULIA 98-01 COLLINS AVENUE BAL HARBOUR FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alexander Konigsberg* **6/21/96** **305-864-8076**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D15196-Form #

CR2E034 (3/96)