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FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 380527 (2)

1. Corporation Name
KALICHMAN ENTERPRISES, INC.



Principal Place of Business

4122 S.W. 64TH AVE.
DAVIE FL 33314

Mailing Address

4122 S.W. 64TH AVE.
DAVIE FL 33314-3440

3. Date Incorporated or Qualified
04/16/1971

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-1348956

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

KALICHMAN, SYD
4122 SW 64TH AVE
DAVIE, FL
33314

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

Syd Kalichman *Syd Kalichman*

3-17-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	DELETE
NAME	KALICHMAN, WILLIAM	
STREET ADDRESS	4122 SW 64TH AVE	
CITY, ST, ZIP	DAVIE, FL 00000	
TITLE	PD	DELETE
NAME	KALICHMAN, SYD	
STREET ADDRESS	4122 SW 64TH AVE	
CITY, ST, ZIP	DAVIE, FL 00000	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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:

Syd Kalichman *Syd Kalichman* 3-17-97 954-791-8720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)