

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

CORPORATION
ARTIFICIAL PERSON



FLORIDA DEPARTMENT OF STATE

1995

5-195

5929-C

APPROVED
AND
FILED

MAY 11 2:01

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **554557**

(9)

PUMPERNIK'S SOUTHLAND, INC.

917 E. HALLENDALE BEACH BLVD
HALLENDALE FL 33009

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HALLENDALE FL 33009

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation (or date of reorganization)	3a. Date of Last Report
10/25/1977	04/07/1994
4. FEI Number	Applied For Not Applicable
59-1798950	
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 contracts for under \$1,000,000 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	

2. Principal Office (Street, City, State, ZIP)	2b. Mailing Address
	2909 NW 24TH AVE Hollywood FL 33021
21. Date of Incorporation	26. Date of Report
22. Date of Last Report	27. Date of Status
23. Date of Last Report	28. Date of Status
24. Date of Last Report	29. Date of Status
25. Date of Last Report	30. Date of Status

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HELLER, DANIEL NEAL 14 N.E. 1ST AVE., STE. 1205 MIAMI FL 33132	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City, State, ZIP
	84. FL 85. Zip Code

11. Pursuant to the provisions of Sections 1907, 1908, and 1909, Florida Statutes, the above-named corporation hereby files 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 set forth in sections 1907, Florida Statutes.

SIGNATURE: *Aaron Brown* DATE: 5/12/95

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS TO BE ELECTED AND THEIR POSITIONS
P NAME: BROWN, AARON STREET ADDRESS: 8605 MILLER DR. CITY, STATE, ZIP: MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST NAME: ZINN, LINDA STREET ADDRESS: 11430 N. BAYSHORE DR. CITY, STATE, ZIP: N. MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: ZINN, MANNY STREET ADDRESS: 11430 N. BAYSHORE DR. CITY, STATE, ZIP: N. MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information required with this filing is substantially true and correct and does not qualify for the exemption stated in Section 1907(3), Florida Statutes. I further certify that the above information does not constitute a request for a preliminary annual report as that and is made and that my signature shall have the same legal effect as if made under oath. If the information is false or misleading, I shall be liable for the same as if made under oath. I am not a director or officer of the corporation and I am not a shareholder of the corporation. I am not a partner in the corporation and I am not a member of the corporation. I am not a partner in the corporation and I am not a member of the corporation.

SIGNATURE: *Aaron Brown*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR