

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

36 JUN 24 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 554557
1. Corporation Name
Pumpernick's Southland, Inc.

Principal Place of Business Mailing Address **Same**
1351 S.W. 141st Avenue # 114
Pembroke Pines, FL. 33027

3. Date Incorporated or Qualified **10/25/77** 3a. Date of Last Report **1995**

2. Principal Place of Business 2a. Mailing Address
21 **1351 S.W. 141st Ave** 26 **Same as # 2**
22 **114** 27
23 **Pembroke Pines** 28
24 **33027** 25 **FLORIDA** 29 **33027** 30

4. FET Number **59-1798950** 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. 199.03, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D

81 Name **AARON BROWN**
82 Street Address (P.O. Box Number is Not Acceptable) **7652 N.W. 71st Trce.**
83
84 City **Paruland** FL 85 Zip Code **33067**

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 **AARON BROWN** **6/20/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	President	<input type="checkbox"/> DELETE
NAME	Aaron Brown	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Linda Zinn	
STREET ADDRESS	11430 N. Bayshore Dr.	
CITY-ST-ZIP	N. Miami, FL	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Manny Zinn	
STREET ADDRESS	11430 N. Bayshore Dr.	
CITY-ST-ZIP	N. Miami, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	900001872159
1.3 STREET ADDRESS	-06/21/96--01126--003
1.4 CITY-ST-ZIP	****225.00 ****225.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	900001872159
2.3 STREET ADDRESS	-06/21/96--01126--004
2.4 CITY-ST-ZIP	*****8.75 8.75
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 **AARON BROWN**

6/20/96 954-346-2551

CR2E034 (12/95)