

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
Feb 28 1996 8:00 am
Secretary of State

DOCUMENT # **601358 (5)**

1. Corporation Name

ABRAMS, ANTON, ROBBINS, RESNICK & SCHNEIDER, P.A



Principal Place of Business

Mailing Address

2021 TYLER STREET
PO OFFICE BOX 22910
HOLLYWOOD FL 33020-4518

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PO OFFICE BOX 22910
HOLLYWOOD FL 33020-4518

3. Date Incorporated or Qualified 09/04/1969	3a. Date of Last Report 04/28/1995
4. FEI Number 59-1272055	Applied For Not Applicable
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 intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

SCHNEIDER, REUBEN M.
2021 TYLER STREET
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0802 and 607.1505, 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

Signature of a person who is a director or officer of the corporation

Signature of a registered agent or a person who is not a director or officer of the corporation

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHN, ALAN B.	1. NAME	Kenneth A. Rubin
STREET ADDRESS	2021 TYLER STREET	2. STREET ADDRESS	2021 Tyler Street
CITY-ST-ZIP	HOLLYWOOD FL	3. CITY-ST-ZIP	Hollywood, FL
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINS, JACK F.	5. NAME	Stanley D. Gottsegen
STREET ADDRESS	2021 TYLER STREET	6. STREET ADDRESS	2021 Tyler Street
CITY-ST-ZIP	HOLLYWOOD FL	7. CITY-ST-ZIP	Hollywood, FL
TITLE	<input type="checkbox"/> DELETE	8. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSER, GENE	9. NAME	Delete
STREET ADDRESS	2021 TYLER STREET	10. STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	11. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, REUBEN M.	13. NAME	
STREET ADDRESS	2021 TYLER STREET	14. STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	15. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	16. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD	17. NAME	
STREET ADDRESS	GARCIA, MAURICE	18. STREET ADDRESS	
CITY-ST-ZIP	2021 TYLER STREET	19. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	20. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DT	21. NAME	
STREET ADDRESS	BLAUT, MILTON	22. STREET ADDRESS	
CITY-ST-ZIP	2021 TYLER STREET	23. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	24. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLYWOOD FL	25. NAME	
STREET ADDRESS		26. STREET ADDRESS	
CITY-ST-ZIP		27. 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 607, Florida Statutes, and that my name appears in Block 12 or 13 if checked, or in an attachment with an address.

SIGNATURE: *Reuben M. Schneider, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)