

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 626608

(4)

1. Corporation Name

OUTPUT CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

C/O LEE MILICH, P.A.  
11900 BISCAYNE BLVD SUITE #809  
NORTH MIAMI FL 33181-2705

C/O LEE MILICH, P.A.  
11900 BISCAYNE BLVD SUITE #809  
NORTH MIAMI FL 33181-2705

3. Date Incorporated or Qualified

06/19/1979

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 c/o Sanford N. Reinhard

26 c/o Sanford N. Reinhard

4. FEI Number

59-1938432

Applied For

Not Applicable

22 Suite, Apt. #, etc.  
2875 NE 191st Street, #404

27 Suite, Apt. #, etc.  
2875 NE 191st Street

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 City & State  
N. Miami Beach, Florida

28 City & State  
N. Miami Beach, Florida

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 Zip  
33180

25 Country  
USA

29 Zip  
33180

30 Country  
USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILICH, LEE P.A.  
11900 BISCAYNE BLVD.  
SUITE 809  
NORTH MIAMI FL 33181

81 Name  
Sanford N. Reinhard, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)  
2875 NE 191st Street, Suite 404  
83 N. Miami Beach

84 City

FL

85 Zip Code  
33180

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
GOLDIST, ISADORE  
17600 NO. BAY RD. #801  
NO. MIAMI BEACH FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
GOLDIST, HARRY  
17600 NO. BAY RD. #801  
NO. MIAMI BEACH FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

700001806147  
-05/03/96--01017--006  
\*\*\*200.00

32  
5.2

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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)