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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State

1	1996	DIVISION	DIVISION OF CORPORATIONS					
. Corporation		52 (4)	(4)					
nann	y Feinstein, Inc.							
rincipal Piace (of Business	Mailing Address			F CORPUS BUILD BUILD BUILD FRIENDE F		I URBIO FILIA DI	
C/O HARRY 2101 S OCE HOLLYWOO!	AN DR #1403	C/O HARRY FEINS 2101 S OCEAN DI HOLLYWOOD FL 3	R #1403					
					3. Date Incorporated or Qualified 04/25/1980	3a. Da	te of Last F 04/26/1	
Principal Place of Business		2a. Mailing Address		4. FEI Number			Applied For	
Suite, Apt. #	, etc.	26			59-2030647		60.7	Not Applicable
		27			5. Certificate of Status Desired			5 Additional Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution			May Be ed to Fees
Zipi	Country	Zip		untry	8. This corporation has liability for		tax under s	199.032,
	25 9. Name and Address of Curre	29 Agent	30	<u> </u>		□ No		
	V The reduced of Curic			81 Name	10. Name and Address of New	redistere	Agent	
	EIN, BERNARD			82 Street Add	ress (P.O. Box Number is Not Acceptal	olei		
	O. OCEAN DRIVE							7 1.1.1.1.1.
APT. 14				63				
HOLLYWOOD FL 33019				84 City		FI	85 Zi	p Code
· · · · · · · · · · · · · · · · · · ·	greten, typed or printed name of registered agen OFFICERS AN PD	ND DIRECTORS DELETE	13.	d Agent signature require	of wher reinstaling) ADDITIONS/CHANGES TO OFF	DATE ICERS AN	D DIRECTO	DRS IN 12
MÉ	FEINSTEIN, SYDNEY		1.2 N	AME				
REET ADDRESS	2101 SO. OCEAN DR.		13S	THEET ADDRESS				
Y SI-ZiP	HOLLYWOOD FL SD	☐ DELETE		TY-ST-ZIP				· · · <u>· · · · · · · · · · · · · · · · </u>
.··	FEINSTEIN, BERNARD	Decent	2 1 I 2 2 N	!			Change	Addition
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EFF ADDRESS			6351	REET ADDRESS				
(+ST-ZIP Ldu hereby (partify that the information a well-	with this files to set -1-0	roichead and	TY - ST - ZIP				
certify that the oath; that I a appears in B	ne information indicated on this annum an officer or director of the corpollock 12 or Block 13 if changed or	wire triis filing is voluntarily fur ual report or supplemental an oration or the receiver or trust in an attachment with an add	rnisned and inual eport is lee empower ress.	poes not qualify for strue and accurati ed to execute this	or the exemption stated in Section 119. te and that my signature shall have the s report as required by Chapter 607, Fi	07(3)(k), Fl. same lega orida Statu	orida Statuti effect as if tes; and tha	es. I further made under it my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DER NAME OF SIGNING OFFICER OR DIRECTOR