

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
Mar 14 1996 8:00 am
Secretary of State

DOCUMENT # 686865 (7)

1. Corporation Name
DAVID BORSTEIN, INC.



Principal Place of Business Mailing Address
9086 CYPRESS GREEN DR. 9086 CYPRESS GREEN DR.
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256

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

3. Date Incorporated or Qualified 09/08/1980 3a. Date of Last Report 03/06/1995
4. FEI Number 59-2023001 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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

BORSTEIN, DAVID
9086 CYPRESS GREEN DR.
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

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

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BORSTEIN, DAVID	1.2 NAME	
STREET ADDRESS	8974 BROOKSHIRE CT	1.3 STREET ADDRESS	
CITY-STATE-ZIP	JAX FL	1.4 CITY-STATE-ZIP	
TITLE	S	2.1 TITLE	
NAME	BORSTEIN, EVELYN S	2.2 NAME	
STREET ADDRESS	8974 BROOKSHIRE CT	2.3 STREET ADDRESS	
CITY-STATE-ZIP	JAX FL	2.4 CITY-STATE-ZIP	
TITLE	VP	3.1 TITLE	
NAME	BORSTEIN, CHARLES A.	3.2 NAME	
STREET ADDRESS	12757 LOCREN RD.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	3.4 CITY-STATE-ZIP	
TITLE	VP	4.1 TITLE	
NAME	BORSTEIN, DONALD K.	4.2 NAME	
STREET ADDRESS	8607 DEERMOSS WAY E.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Borstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 (904) 731-0254
Date Daytime Phone #

CR2E034 (12/95)