

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F33046 (6)

1. Corporation Name
S. J. ABERMAN AND CO., INC.



Principal Place of Business: **2170 WEST 10TH AVENUE HIALEAH FL 33010**
Mailing Address: **2170 WEST 10TH AVENUE HIALEAH FL 33010**

3. Date Incorporated or Qualified: **05/01/1981**
3a. Date of Last Report: **07/13/1995**
4. FEI Number: **59-2051724**
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

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

9. Name and Address of Current Registered Agent
**NARCUS, LAWRENCE
2170 WEST 10TH AVENUE
HIALEAH FL 33010**

10. Name and Address of New Registered Agent
81 Name: **Dorothy Aberman**
82 Street Address (P.O. Box Number is Not Acceptable): **2170 West 10th Avenue**
83
84 City: **Hialeah** FL 85 Zip Code: **33010**

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: *Dorothy L. Aberman* **DOROTHY L. ABERMAN** *7/12/96*
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS
TITLE: **D** DELETE
NAME: **ABERMAN, SHELDON J**
STREET ADDRESS: **2170 WEST 10TH AVENUE**
CITY-ST-ZIP: **HIALEAH FL 33010**
TITLE: **D** DELETE
NAME: **NARCUS, LAWRENCE D**
STREET ADDRESS: **2170 WEST 10TH AVENUE**
CITY-ST-ZIP: **HIALEAH FL 33010**
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:
21 TITLE: **Secretary/Treasurer** Change Addition
22 NAME: **Aberman, Dorothy**
23 STREET ADDRESS: **2170 West 10th Avenue**
24 CITY-ST-ZIP: **Hialeah FL 33010**
31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP:
41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-ST-ZIP:
51 TITLE: **600001898986** Change Addition
52 NAME: **-07/19/96--01009--024**
53 STREET ADDRESS: *****225.00**
54 CITY-ST-ZIP:
61 TITLE: *7/27/96* Change Addition
62 NAME:
63 STREET ADDRESS:
64 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: **Dorothy Aberman** *Dorothy Aberman* *7/27/96* **305-887-2777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (PHONE NUMBER)

CR2E034 (3/96)