

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED  
55 JUN 19 11:10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F65304** (0)

1. Corporation Name  
**BRUCE RAVDIN ENTERPRISES INC.**



2. Principal Place of Business		2a. Mailing Address	
2898 UNIVERSITY DR 30 CORAL SPRINGS FL 33065 US		2898 UNIVERSITY DR 30 CORAL SPRINGS FL 33065 US	
21	State, Apt., etc.	26	State, Apt., etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	County	29	County
25		30	

3. Date Incorporated or Qualified <b>02/01/1982</b>	3a. Date of Last Report <b>01/19/1995</b>
4. FEI Number <b>59-2171157</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RAVDIN, BRUCE  
190 N W 113 WAY  
SUITE 115  
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0052 and 607.1506, 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 I accept the obligations of, Section 607.0052, Florida Statutes.

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12	[ ] DELETE	13	[ ] Change [ ] Addition
NAME <b>PVST RAVDIN, BRUCE</b>	[ ] DELETE	13 NAME	
STREET ADDRESS <b>190 N.W. 113TH WAY</b>		13 STREET ADDRESS	
CITY, ST., ZIP <b>CORAL SPRINGS FL 33071</b>		13 CITY, ST., ZIP	
TITLE	[ ] DELETE	13 TITLE	
NAME		22 NAME	
STREET ADDRESS		22 STREET ADDRESS	
CITY, ST., ZIP		22 CITY, ST., ZIP	
TITLE	[ ] DELETE	24 TITLE	[ ] Change [ ] Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST., ZIP		24 CITY, ST., ZIP	
TITLE	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST., ZIP		44 CITY, ST., ZIP	
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST., ZIP		54 CITY, ST., ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST., ZIP		64 CITY, ST., ZIP	

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-02/06/96--01108--021  
\*\*\*\*\*200.00 \*\*\*\*\*200.00

1-19-94  
MSJ

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, changed, or on an additional line, in an address.

SIGNATURE: *Bruce Ravdin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/94  
305 340 J 244  
Dulcine Price

CR2E034 (12/95)