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

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 31 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G54392** **(7)**

1. Corporation Name
**811 NORTH CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 17071 WEST DIXIE HWY.<br>C/O STERN, TANNENBAUM<br>NORTH MIAMI BEACH FL 33160 | 17071 WEST DIXIE HWY.<br>C/O STERN, TANNENBAUM<br>NORTH MIAMI BEACH FL 33160 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1983
3a. Date of Last Report: 11/03/1994

2. Principal Place of Business
21 20803 Biscayne Blvd.
Suite, Apt. #, etc.
22 Suite 200
City & State
23 Aventura, Florida
Zip 24 33180 Country 25 USA

2a. Mailing Address
26 20803 Biscayne Blvd.
Suite, Apt. #, etc.
27 Suite 200
City & State
28 Aventura, Florida
Zip 29 33180 Country 30 USA

4. FEI Number: 59-2356584 ☐ 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

STERN & TANNENBAUM, P.A.
17071 WEST DIXIE HWY.
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name: Jerome H. Stern, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 20803 Biscayne Blvd., Suite 200
83
84 City: Aventura FL 85 Zip Code: 33180

11. Pursuant to the provisions of Sections 607.0502 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jerome H. Stern, P.A.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 11 TITLE | ☐ Change ☐ Addition |
| NAME | FREDERICK KROFT/ % CAROL FRIEDMAN | 12 NAME | |
| STREET ADDRESS | 38 DENMARK CRESCENT | 13 STREET ADDRESS | |
| CITY ST ZIP | NORTH YORK, ONTARIO M2R 1J4 | 14 CITY ST ZIP | |
| TITLE | DS | 21 TITLE | ☐ Change ☐ Addition |
| NAME | FRIEDMAN, CAROL | 22 NAME | |
| STREET ADDRESS | 38 DENMARK CRESCENT | 23 STREET ADDRESS | |
| CITY ST ZIP | NORTH YORK, ONTARIO M2R 1J4 | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 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)(i), 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:** Carol Friedman April 13/95 (416)635-8906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Area Code & Daytime Phone #

0173260 CP