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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

G56599

(5)

MAMBER, SAVAGE AND SINGER, P.A.					T INDIVIDENCE AREA DISERVATOR AND AND AND		
Principal Place of Business Mailing Address							
801 N.E. 167 SUITE 302A	TH STREET JI BEACH FL 33162	801 N.E. 167TH STREE SUITE 302A	JITE 302A				
PEUTITION MICH	ALBEMON PL 33162	NORTH MIAMI BEACH	FL 33162		3. Date Incorporated or Qualified	3a. Date	of Last Report
A. Delinologal Dis	/r.				08/22/1983	0	1/13/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. #	#. etc.	Suite Apt #, etc.			59-2327497		Not Applicable
22	.,	27			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	)	Oty & State			6. Election Campaign Financing		<b>\$5.00</b> May Be
23		28			Trust Fund Contribution		Added to Fees
Zip	Gountry	Zip)	Country	,	8. This corporation has liability for		
24	25 9. Name and Address of Current	Pagistared Agent	30			□ No	
	9. Hame and Address of Carrein	Registered Agent	81	Name	10. Name and Address of New F	Registered A	Agent
SV/VGE	CONTO D						
	e, Craig d. . 167th Street		82	Street Add	ess (P.O. Box Number is Not Acceptable)		
#302A	. 10/11 SINECI		83				
	MIAMI BEACH FL 33162						
			84			FL	85 Zip Code
familiar with	ed agent, or both, in the State of Florid, h, and accept the obligations of, Section State of the following the state of t	a. Soon enange was aumonze in 607.0505, Florida Statutes	ed by the corp	oration's boa	ration submits this statement for the purific of directors. I hereby accept the app	ointment as	riging its registered onice registered agent. I am
12.	OFFICERS AND		13.	My control e post	ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTORS IN 12
TITLE	PD	☐ DELETE	1 1 TiTLE	7			Change Addition
NAME	MAMBER, MILTON		1.2 NAME	1			
STREET ADDRESS	801 NE 167TH ST. #302A		1 3 STREET	ADORESS			
CHTY - ST - ZIP	N. MIAMI BEACH FL			T-ZIP			
TIFLE	SD	DELFTE	2 1 TJT_6	_			Change Addition
NAME	SAVAGE, CRAIG D.		2.2 NAME				
STREET ADDRESS	801 NE 167TH ST. #302A		23 STREET	ADDAESS			
TITLE	N. MIAMI BEACH FL	☐ DELFIE	24CTY-S	I · ZiP			
NAME	V SMOED STEVEN M		3 1 T-TLE			L	Change Addition
STREET ADDRESS	SINGER, STEVEN M. 801 NE 167TH ST. #302A		3.2 NAME	A E O E CO C			
CITY-ST-ZIP	N. MIAMI BEACH FL		33 STREET				
THILE	IV. MIAMI DEACH FL	DELETE	3.4 CITY - 5 4.1 TITLE	1 - XI-			Change [7] Addition
NAME			4.2 NAME			Ļ	Change Addition
STREET ADDRESS			4.3 STREET	4008F99			
CITY-ST-ZIF			4.4.0/TY-S				
TITLE		☐ DELETE	5 1 THE			г	Change   Addition
NAME			5.2 NAME			_	1 - 3
STREET ADDRESS			53 STREET	ADDRESS			
CITY - ST - ZIP			540117-81	1-209			
TITLE		☐ DELETE	6 1 TITLE				Change Addition
NAME			6.2 NAME				_
STREET ADDRESS			63STAEE1	ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST	1.70			

4. I do hereby certify that the information supplied with this fling 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 reports 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 of the bilder of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or only attach key with en address.

SIGNATURE:

SIGNATURE CARE TO OR PRIVILED JAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 305 651-4101