

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G80839 (5)

1. Corporation Name

W.C. KATZ MANAGEMENT GROUP, INC.

Principal Place of Business

**9200 SW 70 AVENUE
MIAMI FL 33156**

Mailing Address

**9200 SW 70 AVENUE
MIAMI FL 33156**



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

g. Name and Address of Current Registered Agent

**WHITAKER, JOHN D.
10700 CARIBBEAN BLVD.
SUITE 202-H
MIAMI FL 33189**

81 Name **Ellen G. Kaplan**
82 Street Address (If 0, Box Number is Not Applicable)
9200 SW 70 Avenue
83
84 City **Miami**

FL 85 Zip Code **33156**

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, thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Ellen G. Kaplan

Ellen G. Kaplan

4/3/96

12. OFFICERS AND DIRECTORS

12.1	NAME	PD	KATZ, WILLIAM C.	[] DELETE
12.2	STREET ADDRESS		9200 SW 70 AVENUE	
12.3	CITY-STATE-ZIP		MIAMI FL	
12.4	TITLE	D		[] DELETE
12.5	NAME		KAPLAN, ELLEN G.	
12.6	STREET ADDRESS		9200 SW 70 AVENUE	
12.7	CITY-STATE-ZIP		MIAMI FL	
12.8	TITLE			[] DELETE
12.9	NAME			
12.10	STREET ADDRESS			
12.11	CITY-STATE-ZIP			
12.12	TITLE			[] DELETE
12.13	NAME			
12.14	STREET ADDRESS			
12.15	CITY-STATE-ZIP			
12.16	TITLE			[] DELETE
12.17	NAME			
12.18	STREET ADDRESS			
12.19	CITY-STATE-ZIP			

13.

13.1	NAME			[] Change [] Addition
13.2	STREET ADDRESS			
13.3	CITY-STATE-ZIP			[] Change [] Addition
13.4	TITLE			
13.5	NAME			[] Change [] Addition
13.6	STREET ADDRESS			
13.7	CITY-STATE-ZIP			[] Change [] Addition
13.8	TITLE			
13.9	NAME			[] Change [] Addition
13.10	STREET ADDRESS			
13.11	CITY-STATE-ZIP			[] Change [] Addition
13.12	TITLE			
13.13	NAME			[] Change [] Addition
13.14	STREET ADDRESS			
13.15	CITY-STATE-ZIP			[] Change [] Addition
13.16	TITLE			
13.17	NAME			[] Change [] Addition
13.18	STREET ADDRESS			
13.19	CITY-STATE-ZIP			[] Change [] Addition

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 or power of attorney 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:

Ellen G. Kaplan

Ellen G. Kaplan

4/3/96

(305) 663-0692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)