

**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. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H13167 (2)**

1. Corporation Name

SEVENTEEN FIFTY-ONE COLLINS, INC.



Principal Place of Business

Mailing Address

C/O YOSSEI DUCHMAN
1751 COLLINS AVENUE
MIAMI BEACH FL 33139

C/O YOSSEI DUCHMAN
1751 COLLINS AVENUE
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified 07/20/1984	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2426115	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 4557 N. JEFFERSON AVE	26. C/O YOSSEI DUCHMAN
Suite, Apt. #, etc	Suite, Apt. #, etc
22. MIAMI BEACH FLORIDA	27. 4557 N. JEFFERSON AVE
City & State	City & State
23. MIAMI BEACH FLORIDA	28. MIAMI BEACH FLORIDA
City & State	City & State
24. 33140	29. 33140
Zip	Zip
25. FLORIDA	30. FLORIDA
Country	Country

g. Name and Address of Current Registered Agent

**DUCHMAN, YOSSEI
1751 COLLINS AVENUE
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81. Name YOSSEI DUCHMAN
82. Street Address (P.O. Box Number is Not Acceptable) 4557 N. JEFFERSON AVE
83.
84. City MIAMI BEACH
85. State FL
Zip Code 33140

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

[Signature]

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when address of Corp. changes)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DP	
NAME	DUCHMAN, YOSSEI	
STREET ADDRESS	1751 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11. TITLE			
12. NAME			
13. STREET ADDRESS			
14. CITY-ST-ZIP			
2. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2. NAME			
2.3. STREET ADDRESS			
2.4. CITY-ST-ZIP			
3.1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2. NAME			
3.3. STREET ADDRESS			
3.4. CITY-ST-ZIP			
4.1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2. NAME			
4.3. STREET ADDRESS			
4.4. CITY-ST-ZIP			
5.1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2. NAME			
5.3. STREET ADDRESS			
5.4. CITY-ST-ZIP			
6.1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2. NAME			
6.3. STREET ADDRESS			
6.4. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/96
Date

305 691-1976
Telephone Number

CR2E034 (3/96)