

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 16 1996 8:00 am
Secretary of State

DOCUMENT # H20277 (0)
1. Corporation Name
FIRST STREET CORPORATION

Principal Place of Business

Mailing Address

2875 SOUTH OCEAN BLVD., #104
PALM BEACH FL 33480-5590

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PALM BEACH FL 33480-5590



2. Principal Place of Business

2a. Mailing Address

21 2875 South Ocean Blvd

26 2875 South Ocean Blvd

22 Suite, Apt #, etc.

27 Suite, Apt #, etc.

23 #215

27 #215

City & State

City & State

24 Palm Beach FL

28 Palm Beach FL

25 Zip Country

29 Zip Country

24 33480-5590

29 33480-5590

9. Name and Address of Current Registered Agent

WALLACK, STEPHEN L.
3140 SOUTH OCEAN BLVD.
PALM BEACH FL 33480

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 typed and printed in Block 12 or Block 13, as applicable.

(Block 12 - Registered Agent Signature required when relevant change)

Date

12. OFFICERS AND DIRECTORS

TITLE P [] DELETE

NAME WALLACK, STEPHEN L.
STREET ADDRESS 3140 S. OCEAN BLVD.
CITY-ST-ZIP PALM BEACH FL

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

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CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE [] Change [] Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE [] Change [] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE [] Change [] Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] 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 included 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: V

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen L. WALLACK

X 7-9-96

Date

X 612 338-881

Typed Name

CR2E034 (3/96)