

**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

DOCUMENT # H37805 (9)

1. Corporation Name

STEIN MANAGEMENT COMPANY, INC.



Principal Place of Business

Mailing Address

**2501 S. OCEAN DR.
HOLLYWOOD FL 33019-9633**

**2501 S. OCEAN DR.
HOLLYWOOD FL 33019-9633**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

3a. Date of Last Report

01/14/1985

02/03/1995

4. FEI Number

Applied For

59-2501050

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

10. Name and Address of New Registered Agent

**FROST, IRWIN M
1101 BRICKELL AVENUE
SUITE 1400
MIAMI FL 33131**

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 or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD
NAME: KATZ, MARTIN J.
STREET ADDRESS: 2501 S. OCEAN DR.
CITY-ST-ZIP: HOLLYWOOD FL
 DELETE

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:

TITLE: S
NAME: BAER, LINDA
STREET ADDRESS: 2501 S. OCEAN DR.
CITY-ST-ZIP: HOLLYWOOD FL
 DELETE

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY-ST-ZIP:

TITLE: D
NAME: TOBIN, HERBERT A.
STREET ADDRESS: 1101 HILLCREST DR.
CITY-ST-ZIP: HOLLYWOOD FL
 DELETE

31 TITLE: Secretary/Treasurer Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP:

TITLE: D
NAME: SAYFIE, ERNEST
STREET ADDRESS: 3001 S. OCEAN DR.
CITY-ST-ZIP: HOLLYWOOD FL
 DELETE

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-ST-ZIP:

TITLE: D
NAME: SIMPSON, DAVID B.
STREET ADDRESS: 745 FIFTH AVE
CITY-ST-ZIP: NEW YORK NY
 DELETE

51 TITLE: Vice President Change Addition
52 NAME:
53 STREET ADDRESS: 2 University Plaza #109
54 CITY-ST-ZIP: Hackensack, NJ 07601

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

61 TITLE: President & Director Change Addition
62 NAME: Irving Cowan
63 STREET ADDRESS: 3725 S. Ocean Drive #718
64 CITY-ST-ZIP: Hollywood, FL 33019

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 607(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irving Cowan
Irving Cowan

7-3-96 (954) 927-3080

Date: Daytime Phone #

CR2E034 (3/96)