

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

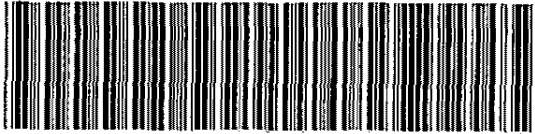
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



400037795564

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1992



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

JUN-8'92

APPROVED
SEC. OF STATE
INCORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

Read Instructions on Other Side Before Making Entries
FILING FEE \$61.25 Make Payable To: Secretary of State

1. Name and Mailing Address of Corporation **DOCUMENT # J10186 (1)**
SARASOHN & ASSOCIATES, INC.
7100 W CAMINO REAL
P O BOX 8
BOCA RATON FL 33433-5510

2. If Address in Block 1 is changed in any way, the correct information should be filed for the correct tax purposes. If a P.O. Box is acceptable, the NAME of the corporation must be typed only by filing an amendment.
21 Mailing Address
22 P.O. Box No.
23 City and State
24 Zip Code
3. Date Incorporated or Qualified To Do Business in Florida **04/21/1986**

3a. Date of Last Report **07/11/1991** 4. FCI Number **59-2661900** 5. FCI Number Applied For **\$8.76 Additional Fee required for a Certificate of Status**
6. FCI Number Not Applicable **CERTIFICATE OF STATUS DESIRED**

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
D/P	SARASOHN, STEPHEN	4201 N OCEAN	BOCA RATON, FL
D/V/P	GALANTE, JOSEPH	7100 W CAMINO REAL 214	BOCA RATON, FL

REGISTERED AGENT INFORMATION
7. Name and Address of Current Registered Agent
SARASOHN, STEPHEN
4201 N OCEAN BLVD.
BOCA RATON, FL 33431

8. Current Address of Tax Preparer (if any)
81 Name
82 Street Address (Do NOT use P.O. Box Number)
83 Street Address (Do NOT use P.O. Box Number)
84 City
85 State **FL**

9. I certify that the preparation of this form, and the filing of this report, are in accordance with the provisions of the Florida Statutes, the above named corporation's articles of incorporation, and the corporation's registered office or principal office is in the State of Florida, and that the corporation is authorized by the corporation's board of directors to file this report and to pay the fee thereon as required by the provisions of the Florida Statutes.

10. The corporation is liable for delinquent tax under the Florida Statutes. Yes No (See other side for information on delinquent tax.)

11. I certify that the preparation and filing of this report are in accordance with the provisions of the Florida Statutes, the above named corporation's articles of incorporation, and the corporation's registered office or principal office is in the State of Florida, and that the corporation is authorized by the corporation's board of directors to file this report and to pay the fee thereon as required by the provisions of the Florida Statutes.

SIGNATURE *Stephen Sarasohn* Telephone Number **6-1-92**
Telephone Number ()

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional \$1.00 to the filing fee.