

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

CORPORATION
ANNUAL REPORT

1994-1995



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

BARMAR 15TH AVENUE, INC.

DOCUMENT #

J82027 (0)

APPROVED
AND
FILED

1995 MAY -1 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address

% MARC ELETZ
1741 S.W. 68TH AVENUE
PLANTATION FL 33317

Principal Place of Business

% MARC ELETZ
1741 S.W. 68TH AVENUE
PLANTATION FL 33317

If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified

07/09/1987

4. Date of Last Report

03/10/1993

2. Mailing Address

21 BARMAR 15TH AVE

2a. Principal Place of Business

26 % MARC ELETZ

4. FEI Number

59-2823809

Applied For

Not Applicable

22 Suite, Apt. #, etc

10337 NW 42ND DRIVE

27 Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75

6. Election Campaign

Financing Trust

Fund Contribution

\$5.00 May Be

Added to Fees

23 City & State

CORAL SPRINGS, FL

28 City & State

7. Nonprofit Exempt from \$138.75

Supplemental Fee

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

24 Zip

33065

25 County

DADE

29 Zip

30 Country

9. Name and Address of Current Registered Agent

ELETZ, MARC
1741 S.W. 68TH AVENUE
PLANTATION FL 33317

10. Name and Address of New Registered Agent

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (2)(1) (Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

1.1 TITLE

P/D

1.2 NAME

WAGNER, BARRY

1.3 STREET ADDRESS

9 BALTURSOL DR.

1.4 CITY ST ZIP

PURCHASE NY

2.1 TITLE

V/D

2.2 NAME

ELSTER, LARRY

2.3 STREET ADDRESS

10337 N.W. 42ND DR.

2.4 CITY ST ZIP

CORAL SPRING FL

3.1 TITLE

T/S/D

3.2 NAME

ELETZ, MARC

3.3 STREET ADDRESS

1741 S.W. 68TH AVE

3.4 CITY ST ZIP

PLANTATION FL

4.1 TITLE

D

4.2 NAME

SORKIN, ELLIOT

4.3 STREET ADDRESS

12001 PICCADILLY PLACE

4.4 CITY ST ZIP

DAVE FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

13.

CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

000001474360
-05/03/95--01170--005
*****200.00 *****200.00

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or 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
Larry Elster Vice President 4/12/95 305 973 3333