

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J86082** (1)

1. Corporation Name  
**ALLISON CITY CORP.**

Principal Place of Business: **C/O DOV DUNAEVSKY  
1228 ALTON ROAD  
MIAMI BEACH FL 33139**

Mailing Address: **C/O DOV DUNAEVSKY  
1228 ALTON ROAD  
MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **08/07/1987**      3a. Date of Last Report: **04/29/1994**

4. FEI Number: **65-0022914**      Applied For:  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**

7. This entity is aware of its liability for nonpayment of fees under Florida Statutes:  Yes  No

2. Principal Place of Business: **21**      2a. Mailing Address: **26**

State, Apt # etc: **22**      State, Apt # etc: **27**

City & State: **23**      City & State: **28**

24      25      29      30

9. Name and Address of Current Registered Agent

**DUNAEVSKY, DOV  
1228 ALTON ROAD  
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name: \_\_\_\_\_

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

83 \_\_\_\_\_

84 City: \_\_\_\_\_      85 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.01(2)(c) 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 this role as set forth in Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '94	
NAME	<b>P GLASER, YIZHAR 484 SUNRISE HIGHWAY ROCKVILLE CENTER, NY.</b>	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1. STREET ADDRESS	
CITY, STATE, ZIP		1. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S DUNAEVSKY, DOV 1228 ALTON ROAD MIAMI BEACH FL</b>	2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, STATE, ZIP		2. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, STATE, ZIP		3. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, STATE, ZIP		4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, STATE, ZIP		5. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, STATE, ZIP		6. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 170.01(2)(b) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report or true and accurate report and that any separate shall have the same legal effect as if made on file with that person or officer or director of the corporation or the registrant or transferee registered to receive this report as required by Chapter 197, Florida Statutes, and that my duties appear on the 8-17-94 or 8-18-94 form attached with no additions.

SIGNATURE: \_\_\_\_\_  
DOV DUNAEVSKY

4-27-95      (For) JBF-166