

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**08/07/1987**

3a. Date of Last Report  
**05/01/1995**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.  Yes  No

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 607.010 and 607.0105, Florida Statutes, the above named corporation submits the 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 607.0105, Florida Statutes.

SIGNATURE

Signature of the Registered Agent

Signature of the Applicant

FEI

12. OFFICERS AND DIRECTORS

12.1	NAME	<b>P GLASER, YIZHAR</b>	<input type="checkbox"/> DELETE
	STREET ADDRESS	<b>484 SUNRISE HIGHWAY</b>	
	CITY-ST-ZIP	<b>ROCKVILLE CENTER, NY.</b>	
12.2	NAME	<b>S DUNAEVSKY, DOV</b>	<input type="checkbox"/> DELETE
	STREET ADDRESS	<b>1228 ALTON ROAD</b>	
	CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
12.3	NAME		<input type="checkbox"/> DELETE
	STREET ADDRESS		
	CITY-ST-ZIP		
12.4	NAME		<input type="checkbox"/> DELETE
	STREET ADDRESS		
	CITY-ST-ZIP		
12.5	NAME		<input type="checkbox"/> DELETE
	STREET ADDRESS		
	CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-ST-ZIP	
13.5	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY-ST-ZIP	
13.9	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY-ST-ZIP	
13.13	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct, for the exceptions stated in Section 110.07(4)(k), Florida Statutes. I further certify that the information stated on this annual report or supplement or annual report is true and correct as stated by my Signature. Such filing shall have the same legal effect as if made under oath. If I am an officer or director of the corporation, I hereby receive no transfer, compensation or benefit by reason of my report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. I hereby declare on a false statement with an affidavit.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)