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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K05182

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ALLEN DAVID MARCUS ASSOCIATES, INC.

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9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the abovenamed corporation submits this statement for the purpose of changing its regist 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 regist agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE 12. OF TICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE 12. OF TICERS AND DIRECTORS 13. SIRET ADDRESS 14. DIVING DELETE 12. NAME 12. WARCUS, ALLEN DAVID 12. WARCUS, ALLEN DAVID 12. DELETE 13. TITLE 12. DATE 14. DIVING DELETE 14. DIVING DELETE 14. DIVING DELETE 15. DATE 16. DELETE 17. ST. 2P 18. DELETE 19. DELETE 21. TITLE 10. Change 17. ST. 2P 19. DELETE 21. TITLE 10. Change 17. ST. 2P 19. DELETE 21. TITLE 10. Change 17. ST. 2P 19. DELETE 21. TITLE 10. Change 17. ST. 2P 19. DELETE 21. TITLE 10. Change 17. ST. 2P 19. DELETE 21. TITLE 10. Change 17. ST. 2P 19. DELETE 21. TITLE 10. Change 17. ST. 2P 19. DELETE 21. TITLE 10. Change 17. ST. 2P 19. DELETE 21. TITLE 10. Change 17. ST. 2P 19. DELETE 21. TITLE 10. Change 22. TANAE 23. STREET ADDRESS 2501 SOUTH OCEAN DRIVE #733 24. CHY-ST. 2P 25. TITLE 25. Change 27. STREET ADDRESS 25. STREET ADDRE	23				26			_,				Trust F	und Contri	bution					
9, Name and Address of Current Registered Agent BRODSKY, MARGARET S. 155 SOUTH MIAMI AVE. PH 1 MIAMI FL 33130 B3 City FL 85 Zip Code City FL 85 Zip Code 11, Pursuant to the provisions of Sections 607 0502 and 607 1508, Fiorida Statues, the above-named corporation submits this statement for the purpose of changing lits registered agent or both, in the State of Floridal Studies, the above-named corporation submits this statement for the purpose of changing lits registered agent and eccept the obligations of, Socion 607 0505, Floridal Studies. SIGNATURE Signature, Systed or printed name of registered agent and time if registerable. (ROTE Registered Agent agentation is board of directors. Thereby accept the appointment as register agent with annihilatory). DATE 12. Of FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE DP MARCUS, ALLEN DAVID 12 MARCUS, ALLEN DAVID 12 MARCUS, ALLEN DAVID 13 STREET ADDRESS 2501 SOUTH OCEAN DRIVE #733 13 STREET ADDRESS CITY-S1-ZP DELETE 21 MILE DELETE 21 MILE DELETE 21 MILE DELETE 31 MILE DELETE				Country	ļ	-1 ·		h	ountry	4		i	•	nas liabilit				s. 199.032	<u>}.</u>
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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 regist 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 regists agent. I am farmiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of reported agent and the 8 applicable. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE DP DELETE 1.1 TITLE MARCUS, ALLEN DAVID 1.2 SARCUS, ALLEN DAVID 1.3 SIRRET ADDRESS OTY-SI-2P TITLE DST OFFICERS AND DIRECTORS 1.4 OTY-SI-2P TITLE DST OFFICERS AND DIRECTORS 1.4 OTY-SI-2P TITLE DST OFFICERS AND DIRECTORS 2.2 NAME SIRRET ADDRESS CITY-SI-2P TITLE DELETE 3.1 TITLE ALCHY-SI-2P TITLE DELETE 3.3 SIRRET ADDRESS CITY-SI-2P TITLE DELETE 4.1 TITLE DELETE 4.2 NAME SIRRET ADDRESS CITY-SI-2P TITLE DELETE 4.1 TITLE DELETE 4.2 NAME SIRRET ADDRESS CITY-SI-2P TITLE DELETE 4.1 TITLE DELETE 4.2 NAME SIRRET ADDRESS CITY-SI-2P TITLE DELETE 4.3 SIRRET ADDRESS CITY-SI-2P TITLE DELETE 4.4 CITY-SI-2P TITLE ALCHY-SI-2P			30						83										
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SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 proposition in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 ii changed for on an address.

FILED

Feb 17 1997 8:00am

Secretary of State