

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K53334** (4)
1. Corporation Name
2121 CORP.



Principal Place of Business

Mailing Address

~~1395 SOUTH S.R. 7
SUITE 207
N LAUDERDALE FL 33068~~

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SUITE 207
N LAUDERDALE FL 33068~~

3. Date Incorporated or Qualified
12/22/1988

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 **8898 N.W. 7th AVE**

26 **8898 N.W. 7th AVE**

4. FFI Number
65-0094107

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 **MIAMI FL**

28 **MIAMI FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 **33150**

25

29 **33150**

30 **USA**

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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FELDMAN, MARTIN J.
4126 INVERRARY BLVD.
#2308
LAUDERHILL FL 33319**

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, 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, Florida Statutes.

SIGNATURE

Signature of the person submitting this statement for the corporation

Signature of the person submitting this statement for the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GAVSIE, RONALD**
CITY-ST-ZIP **1395 S. STATE ROAD 7, #207**
N LAUD FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HANDLER, DAN**
CITY-ST-ZIP **5670 CORPORATE WAY**
WEST PALM BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP **8898 NW 7th Avenue**
MIAMI, FL 33150

2. TITLE ☐ Change ☐ Addition
3. NAME
4. STREET ADDRESS
5. CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition
4. NAME
5. STREET ADDRESS
6. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition
5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition
7. NAME
8. STREET ADDRESS
9. CITY-ST-ZIP

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 further certify that the information indicated on this annual report or 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 corporation or a person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Print Name

U.P. RONALD GAVSIE 4/30/96 (306) 696-7467

CR2E034 (12/95)