

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K95882** (2)

1. Corporation Name
PHYLLIS LAZAROW, INC.



Principal Place of Business: **1115 E HALLANDALE BCH BLVD HALLANDALE FL 33009**
Mailing Address: **3802 NE 207 STREET 1404 ADVENTURA FL 33182 US**

3. Date Incorporated or Qualified: **06/16/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0129064**
5. Continuity 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**LAZAROW, PHYLLIS
3802 NE 207 STREET
APT. #1404
HALLANDALE FL 33009**

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: **FL**

11. Pursuant to the provisions of Sections 607.0701 and 607.1501, Florida Statutes, the above named corporation certifies 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, Sections 607.0701 and 607.1501, Florida Statutes.

SIGNATURE: *Phyllis Lazarow*
DATE: **2/24/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LAZAROW, PHYLLIS	
STREET ADDRESS	3802 NE 207 STREET APT. #1404	
CITY-ST-ZIP	ADVENTURA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct, 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 trustee or trustee-in-possession of the trust or trusts in power to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or on an other record with an address.

SIGNATURE: *Phyllis Lazarow*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PHYLLIS LAZAROW

DATE: **2/24/96**
FILE NO: **954-456-5266**

CR2E034 (12/95)