

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 # L01869 (1)
1. Corporation Name
1346 N.E. 1ST COURT, INC.



Principal Place of Business: **% MORRIS RABINOWITZ, 6029 WALDWICK CIRCLE, DELRAY BEACH FL 33484**
Mailing Address: **% MORRIS RABINOWITZ, 6029 WALDWICK CIRCLE, DELRAY BEACH FL 33484**

3. Date Incorporated or Qualified: **07/13/1989** 3a. Date of Last Report: **03/23/1995**

21. Principal Place of Business: Suite, Apt. #, etc.
22. City & State
23. Zip: Country

4. FEI Number: **65-0136805** 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

9. Name and Address of Current Registered Agent
**RABINOWITZ, MORRIS
6029 WALDWICK CIRCLE
DELRAY BEACH FL 33484**

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 607.0502 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABINOWITZ, MORRIS	1.2 NAME	
STREET ADDRESS	6029 WALDWICK CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VP. SEC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBACK, ROBERTA R	2.2 NAME	
STREET ADDRESS	8045 - S.W. 106 STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33156	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 supplemental 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 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 if changed, or on an attachment with an address.

SIGNATURE: *Morris Rabinowitz* **MORRIS RABINOWITZ** Date: **2-20-96** Daytime Phone #: **407-637-0955**

CR2E034 (12/95)