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

CORPORATION ANNUAL REPORT



FCORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretáry of State - DIVISION OF CORPORATIONS

1996

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DOCUMENT # LO4288 (1)									
•	STMAS AT THE HOLIDAY	PLACE.	INC.						
Principal Place	of Business	Mai	ling Address		METER - N	· · · ·	BI 1811 81311 81611 81		
% itzhak dickstein P.O. Box 398 Dania Fl 33004			P.O. BOX 398						
			768 E. DANIA BEACH BLVD. Dania Fl 33004 US						
						1 1		of Last Report 1/24/1995	
2. Principal Place of Business		2a.	a, Mailing Address			4. FEI Number			Or
21 26					16-2018584	······································			
Suite, Apt. i	#, etc.	n	Suite, Apt. #, etc.			5. Certificate of Status Desired		B.75 Addition Fee Required	
22			City & State			6. Election Campaign Financing		5.00 May B	
23		28				Trust Fund Contribution		Added to Fees	
Zip Country		F1	Zip Coun		ntry	This corporation has liability for intangible tax under s 199.032, Florida Statutes			,
24	25 9. Name and Address of Cur	[29] rent Regist	ered Agent]30]		10. Name and Address of New R		1t	
		<i>X</i>	<u>-</u>		81 Name				
DICKS	TEIN, ITZHAK,			-	82 Street Add	fress (P.O. Box Number is Not Acceptab	lei		
768 E. DANIA BEACH BLVD.				Į					
DANIA	FL 33004				83				
•					84 City		FL 85	Zıp Code	
11. Pursuant t	to the provisions of Sections 607.0	502 and 6 07	.1508. Florida Statut	es, the abov	re-named corpo	oration submits this statement for the pur	pose of changin	g its registered	Office
or register tamiliar wit	ed agent, or both, in the State of F th, and accept the obligations of, S	londa Such ection 607.0	change was authoriz 1505, Florida Statutes	red by the co	orporation's boa	ard of directors. Ehereby accept the appo	ontment as regis	itered agent. I a	am
SIGNATURE									
12.	Signative, typed or printertiname of trig states a OFFICERS.			ADDITIONS/CHANGES TO OFFI	CIATE ICERS AND DIRI	ECTORS IN 12	<u> </u>		
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	y certify that the information supplie	ed with this f	ling is voluntarily furn			for the exemption stated in Section 119.	Uzرېږدي Florida :	Statutes. I furth	ier

14. To be perby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption statute in Section 119.07(pgy, horizona Statutes.) 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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF RUNTED NAME OF SIGNING OFFICER OF DIRECTOR

1. 9-96

SIGNATURE AND TYPED OF RUNTED NAME OF SIGNING OFFICER OF DIRECTOR