FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L83065** **(7)**

1. Corporate Name
POLIN & COMPANY

Principal Place of Business
C/O ALAN J. POLIN
1846 NW 97TH TERRACE
CORAL SPRINGS FL 33071

Mailing Address
1999 N. UNIVERSITY DR. STE. 202
CORAL SPRINGS FL 33071
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/22/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # etc. — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: **65-0493007** — 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

7. The corporation has elected to be governed by the provisions of Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

POLIN, ALAN J.
1846 NW 97TH TERRACE
CORAL SPRINGS FL 33071

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

12. OFFICER AND DIRECTORS

TITLE: D
NAME: POLIN, ALAN J.
STREET ADDRESS: 1999 UNIVERSITY DR. #202
CITY ST ZIP: CORAL SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

21 TITLE — [ ] Change [ ] Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE — [ ] Change [ ] Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE — [ ] Change [ ] Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE — [ ] Change [ ] Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE — [ ] Change [ ] Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I/We 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)(i), 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 bear 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 added by this report.

SIGNATURE: *Alan J. Polin* PRES. **4/28/95** **305 345 3408**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
ALAN J. POLIN

0114M1 CP