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95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M49972** (6)

1. Corporation Name
1050 SOUTH CORPORATION

Principal Place of Business Mailing Address
780 N. STATE ROAD 7 PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/03/1987	3a. Date of Last Report 04/14/1994
4. FEI Number 65-0018133	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for offenses under § 199.012 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State Apt. #, etc. City & State Zip Country	26. Mailing Address State Apt. #, etc. City & State Zip Country
22. State Apt. #, etc.	27. State Apt. #, etc.
23. City & State	28. City & State
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent

**COREN, LEONARD
780 N. STATE ROAD 7
PLANTATION FL 33317**

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 607.0502 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 Registered Agent)
_____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	COREN, LEONARD	1.1 NAME	
3. STREET ADDRESS	780 N. STATE RD. 7	1.1 STREET ADDRESS	
4. CITY, STATE, ZIP	PLANTATION FL	1.1 CITY, STATE, ZIP	
5. TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		2.1 NAME	
7. STREET ADDRESS		2.1 STREET ADDRESS	
8. CITY, STATE, ZIP		2.1 CITY, STATE, ZIP	
9. TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3.1 NAME	
11. STREET ADDRESS		3.1 STREET ADDRESS	
12. CITY, STATE, ZIP		3.1 CITY, STATE, ZIP	
13. TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.1 NAME	
15. STREET ADDRESS		4.1 STREET ADDRESS	
16. CITY, STATE, ZIP		4.1 CITY, STATE, ZIP	
17. TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.1 NAME	
19. STREET ADDRESS		5.1 STREET ADDRESS	
20. CITY, STATE, ZIP		5.1 CITY, STATE, ZIP	
21. TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.1 NAME	
23. STREET ADDRESS		6.1 STREET ADDRESS	
24. CITY, STATE, ZIP		6.1 CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b) 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. 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *L. Coren* (L. Coren) **PRO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/21/95**