

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Norham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY - 1 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M49982** (5)
6201 CORPORATION

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

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or (2) added 04/03/1987	3a. Date of Last Report 04/14/1994
4. FEI Number 65-0018108	Applied For 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 adopted the interpretive law under § 120.05, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Operations 21. State Apt # etc. 22. City & State 23. County 24. State 25. County 26. State Apt # etc. 27. City & State 28. County 29. State 30. County	2a. Mailing Address 26. State Apt # etc. 27. City & State 28. County 29. State 30. County
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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
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11. Pursuant to the provisions of Sections 207.05(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of responsibility and faith in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am hereby waiving and accepting the obligations of Section 207.05(5), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME COREN, LEONARD I.	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS 780 N. STATE ROAD 7	2. STREET ADDRESS	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY, STATE, ZIP	3. CITY, STATE, ZIP	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	4. TITLE	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	5. STREET ADDRESS	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY, STATE, ZIP	6. CITY, STATE, ZIP	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	7. TITLE	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS	8. STREET ADDRESS	8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. CITY, STATE, ZIP	9. CITY, STATE, ZIP	9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	10. TITLE	10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS	11. STREET ADDRESS	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. CITY, STATE, ZIP	12. CITY, STATE, ZIP	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption included in Section 119.07(1)(b), Florida Statutes. I further certify that the information included 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, as an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 122, Florida Statutes, and that my entire signature on this form is not a forgery or an affidavit with an address.

SIGNATURE: *Leonard I. Coren* (L. COREN) (P.W.) 4/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR