

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M71334 (0)

1. Corporation Name
1400 CORPORATION OF BROWARD



Principal Place of Business 1400 NW 33RD STREET POMPANO BEACH FL 33064 1400 NW 33RD ST	Mailing Address 1400 NW 33RD STREET POMPANO BEACH FL 33064-2129 1400 NW 33RD ST
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3. Date Incorporated or Qualified 03/10/1988	3a. Date of Last Report 03/11/1996
4. FEI Number 65-0050189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

ARMONDA, JOHN
1800 NW 33RD ST *3640 NW 58TH STREET*
POMPANO BEACH FL *COCONUT CREEK, FL. 33073*

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	D <input type="checkbox"/> DELETE	1.1 TITLE	PRES., DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMONDA, JOHN	1.2 NAME	
STREET ADDRESS	1800 N.W. 33RD ST.	1.3 STREET ADDRESS	3640 NW 58TH STREET
CITY - ST - ZIP	POMPANO BEACH FL	1.4 CITY - ST - ZIP	COCONUT CREEK, FL. 33073
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SEC., DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMONDA, PETER	2.2 NAME	
STREET ADDRESS	1800 N.W. 33RD ST.	2.3 STREET ADDRESS	3080 NE 47TH COURT #203
CITY - ST - ZIP	POMPANO BEACH FL	2.4 CITY - ST - ZIP	FT. LAUDERDALE, FL. 33308
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	V.P., DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARAS, GEORGE	3.2 NAME	
STREET ADDRESS	1800 N.W. 33RD ST.	3.3 STREET ADDRESS	7497 NE 8TH TERRACE
CITY - ST - ZIP	POMPANO BEACH FL	3.4 CITY - ST - ZIP	BOCA RATON 33487
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 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: *George Karas* **2-4-97** **954-972-1619**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

Tax Year: 1996

1400 CORPORATION OF BROWARD
A Plus Tax S Corporation Tax Program
FEDERAL SUMMARY REPORT

Tax Group: M:001
TIN: 65-0050189

----FORM 1120S PG 1----

----SCHEDULE K----

1c RECEIPTS - RETURNS	213,010.	1. ORDINARY INC/LOSS	219,733.
2. COST OF GOODS SOLD		2. NET INC FROM RENTAL	
3. GROSS PROFIT	213,010.	3a GROSS INC-OTHER	
4. NET GAIN(LOSS) 4797		3b LESS EXPENSES	
5. OTHER INCOME	186,030.	3c NET INC FROM OTHER	
6. TOTAL INCOME	399,040.	4a INTEREST INCOME	
7. COMP OF OFFICERS	36,000.	4b DIVIDEND INCOME	
8. WAGES		4c ROYALTY INCOME	
9. REPAIRS & MAINT	11,401.	4d ST CAP GAIN/LOSS	
10. BAD DEBTS		4e LT CAP GAIN/LOSS	
11. RENTS		4f OTHER PORTFOLIO INC	
12. TAXES & LICENSES	19,154.	5. NET GN/LS SEC 1231	
13. INTEREST	54,069.	6. OTHER INCOME/LOSS	
14a DEPRECIATION	17,139.	7. CHARITABLE CONTRIB	
14b CLAIMED ELSEWHERE		8. SECT 179 DEDUCT	
15. DEPLETION		9. DEDUCT PRTFOLIO INC	
16. ADVERTISING	271.	10. OTHER DEDUCTIONS	
17. PENSION PLANS, ETC.		11a INTEREST EXPENSE	
18. EMPL BENEFIT PRGMS		11b (1) INVEST INCOME	
19. OTHER DEDUCTIONS	41,273.	11b (2) INVEST DEDUCT	
20. TOTAL DEDUCTIONS	179,307.	12a ALCOHOL FUEL CREDIT	
21. ORDINARY INCOME	219,733.	12b1 HSG CR-PSHP PRE 90	
22a EXC NET PAS INC TAX		12b2 HSG CR-OTH PRE 90	
22b SCH D TAX		12b3 HSG CR-PSHP AFT 89	
22c ITC RECAPTURE 4255		12b4 HSG CR-OTH AFT 89	
LIFO TAX		12c QUAL REHAB EXP-RREA	
INT ON DEF TAX 6252		12d CREDITS-RENT REAL E	
INT ON DEF TAX 8697		12e CREDITS-OTH RENTAL	
NET TAX		13. OTHER CREDITS	
23a 1996 EST TAX PYMNTS		14a DEPR ADJ PROP AFTR	
23b FM 7004 DEPOSIT		14b ADJUSTED GAIN OR LO	
23c FM 4136 CREDIT		14c DEPLETION	
CREDIT FROM TRUST		14d (1) INC OIL/GAS/GEO	
24. PEN FOR UNDERPYMNT		14d (2) DED OIL/GAS/GEO	
25. TAX DUE		14e OTH ADJ/PREF ITEMS	
26. OVERPAYMENT		15c GRS INC OUTSIDE US	
27. CREDITED TO 1997		15d DEDUCTNS & LOSSES	
REFUNDED		15e FOREIGN TAXES	
BEG TOTAL ASSETS	766,943.	15f REDUCTION IN TAXES	
BEG LIAB & EQUITY	766,943.	15g OTHER FRGN TX INFO	
END TOTAL ASSETS	749,153.	16b TOT SEC 59(e) EXP	
END LIAB & EQUITY	749,153.	17 TAX-EXEMPT INT INCOM	
TOTAL STOCK OWNERSHIP %	100.	18 OTH TAX-EXEMPT INC	
		19 NONDEDUCTIBLE EXPENS	
		20. PROP DIST (INCL CAS	186,330.
		21. OTHER ITEMS & AMT	
		22. DIV DISTRIBUTIONS	
		23. INCOME (LOSS)	219,733.

Tax Year: 1996

Shrholders: 3

1400 CORPORATION OF BROWARD
A Plus Tax S Corporation Tax Program
FEDERAL K-1 SUMMARY REPORT

Tax Group: M:001
TIN: 65-0050189

Description	Sch K Amount	Sch K-1 Amount	Difference
1. ORD INC/LOSS	219,733.	219,733.	
2. NET INC FROM RENTAL			
3a GROSS INC-OTHER			
3b LESS EXPENSES			
3c NET INC FROM OTHER			
4a INTEREST INCOME			
4b DIVIDEND INCOME			
4c ROYALTY INCOME			
4d ST CAP GAIN/LOSS			
4e LT CAP GAIN/LOSS			
4f OTHER PORTFOLIO INC			
5. SEC 1231 GAIN/LOSS			
6. OTHER INC/LOSS			
7. CHARITABLE CONTRIB			
8. SEC 179 EXP DEDUCT			
9. EXP-PORTFOLIO INC			
10. OTHER DEDUCTIONS			
11a INTEREST EXPENSE			
11b (1) INVEST INCOME			
11b (2) INVEST DED			
12a ALCOHOL FUEL CREDIT			
12b1 HSG PSHP PRE 90			
12b2 HSG OTHER PRE 90			
12b3 HSG CR-PSHP AFT 89			
12b4 HSG CR-OTH AFT 89			
12c QUAL REHAB EXP			
12d CREDITS-RENTAL			
12e CREDITS-OTH RENTAL			
13. OTHER CREDITS			
14a DEPR ADJ PROP > '86			
14b ADJUSTED GAIN/LOSS			
14c DEPLETION			
14d (1) INC OIL/GAS/GEO			
14d (2) DED OIL/GAS/GEO			
14e OTHER ADJ/PREF ITEMS			
15c INC-OUTSIDE U.S.			
15d DED & LOSSES			
15e FOREIGN TAXES			
15f REDUCTION IN TAXES			
15g OTHER REDUCTIONS			
16b TOT EXP S.59(e)			
17 TAX-EXEMPT INT INC			
18 OTHER TAX-EXEMPT INC			
19 NONDEDUCTIBLE EXP			
20. PROPERTY DISTRIB	186,330.	186,330.	

----- PJK WS26 01-28-1997 16:20:39 -----