

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M89078** (3)

1. Corporation Name

2151 N.W. 2ND AVE. CORP.

Principal Place of Business

Mailing Address

2151 N.W. 2ND AVE.
BOCA RATON FL 33431

2151 N.W. 2ND AVE.
BOCA RATON FL 33431



3. Date Incorporated or Qualified

07/11/1988

3a. Date of Last Report

06/22/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0062222

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

WIEDER, ALEXANDER
2151 N.W. 2ND AVENUE
BOCA RATON FL 33431

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and the applicable

(If not, Registered Agent signature required when reinstating)

(All)

12. OFFICERS AND DIRECTORS

TITLE

PD

☐

DELETE

NAME

ORITS, JACOB

STREET ADDRESS

2151 N.W. 2ND AVE.

CITY - ST - ZIP

BOCA RATON FL 33431

TITLE

STD

☐

DELETE

NAME

WIEDER, ALEXANDER

STREET ADDRESS

2151 N.W. 2ND AVE.

CITY - ST - ZIP

BOCA RATON FL 33431

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐

Change

☐

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐

Change

☐

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐

Change

☐

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐

Change

☐

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐

Change

☐

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐

Change

☐

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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)(k), Florida Statutes. I further certify that the information included in 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 617, Florida Statutes, and that my name appears in Block 12 of this report, or in a supplemental report, or in a statement filed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/97

Signature Photo #

CR2E034 (3/96)