FILE NOW: FILING FEE IS \$61.25. **NONPROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # N \8335 The Adverstein Town daxim Inc Principal Place of Business 6,696 Versaille Court Lake Worth Jl. 33467 3. Date Incorporated or Qualified 3a. Date of Last Report 1995 12/19/1986 2. Principal Place of Business 2a. Mailing Address Applied For se above Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 29 Florida Statutes Yes 🗌 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Street Address (RO Box No 84 City Zip Code 85 11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered age? For 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 617 0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent is grature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DILE dilverséein, Herman 16696 Versauce Cauch Change \_\_\_ Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP 1 4 CHTY - ST - ZIP Selverstein Pauline TITLE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS Re World, 70, 33467 CITY-ST-ZIP 2 4 City - ST- ZIP Silverskein Robert DELETE 9204 WRIRE Chemney Lane TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS St Falls Va 22046 CITY-ST-ZIP 34 CITY-ST-ZIP delverskein mechael TILLE 4 1 TITLE Change \_\_\_ Addition NAME 4 2 NAME 5036 n.W.102ma Drive STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 7/P 44 CITY-ST-ZIP TITLE DELETE 5.1 TiTLE \_\_\_ Change \_\_\_ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 61 TITLE Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS \*\*\*61.25 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 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 617. Florida Statutes; and that my name appears in Block/v or Block/v or Block/v or on an attachment with an address. ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR