SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	MENT # P30963 R COMPLIANCE SERVICES,					1 <u>1</u> 111 1 111 11 11 11 11 11 11 11 11 11 1
Principal Plac	e of Business	Mailing Address				(BARAK BIBIN BIRAN ENENY BARAN BIRAN ALBI
370 WEST PARK AVENUE		370 WEST PARK AVENUE				
LONG BEACH NY 11561-3292		LONG BEACH NY 11561-3292				
					DO NOT WRITE 3. Date Incorporated or Qualified	
					'	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		08/29/1990 4. FE! Number	12/24/1996 Applied For	
21		26		11-2977835	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional	
22		27		b. Certificate of Status Desired	Fee Required	
City & State		├ ── `	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country Zip		Country	,	Trust Fund Contribution Added to Fees	
24	25	├ ── `	30	•	8. This corporation owes or has pa Personal Property Tax due June	
27	9. Name and Address of Current		301		10. Name and Address of New Re	
CT	CORPORATION SYSTEM		81	Name		
1200 PINE ISLAND ROAD			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)
PLANTATION FL 33324					areas (1.0. Box Homber 13 Not Acceptab	
			83		<u> </u>	
}			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 register 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. La	m familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Statute	S.	, , , ,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE:	Bodisleved And	ent sionature rec	wired when reinstating)	DATE
12.	OFFICERS AND		13.	on organists of the	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD DELETE		1.1 TITLE			Change Addition
NAME	DELANEY JR., DAVID P.		1.2 NAME			
STREET ADDRESS	30 OXFORD ROAD		1.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKVILLE CENTRE NY 11570		1.4 CITY-ST-ZIP			
TITLE	VPD DELETE		2.1 TITLE		☐ Change ☐ Addition	
NAME OTDEST ADDRESS	CRESCENZO, ROBERT 40 LEHIGH ROAD		2.2 NAME			
STREET ADDRESS	ROCKVILLE CENTRE NY 11570		2.3 STREET			
CITY-ST-ZIP TITLE	T DELETE		2.4 CITY - : 3.1 TITLE	51-ZIr		Change Addition
NAME	LIND, ALISTAIR T.		3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP	MUTTONTOWN NY 11771		3.4. CITY-	ST-ZIP		
TITLE	S	DELETE				Change Addition
NAME	RIFAI, ALI E.		4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKVILLE CENTER NY 11566		4.4 City-S1-ZiP			T Observe T Address
TITLE	A\$ DELETE		51 TITLE			☐ Change ☐ Addition
NAME CTOTET APPOSES	DONOHUE, PAUL S 35-15 8-TH STREET		5.2 NAME	ADODECC		
STREET ADDRESS	JACKSON HEIGHTS NY 11372		5.3 STREET)		
CITY-ST-ZIP TITLE	D	DELETE	5.4 CITY - S 6.1 TITLE	1-211		Change Addition
NAME	DELANEY, TIMOTHY D		6.2 NAME			
STREET ADDRESS	170 BAYSIDE DR		6.3 STREET	ADDRESS		

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.

CITY-ST-ZIP

ATLANTIC BEAH NY 11509

Robert A. Crescenzo

7/23/97

FILED

Aug 12 1997 8:00am

Secretary of State