

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY - 1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P32796** (5)
1. Corporation Name
AINSLEY CRESCENT CORPORATION

Principal Place of Business: **1111 CRANDON BLVD. STE. B-1201 KEY BISCAIYNE FL 33149**
Mailing Address: **1111 CRANDON BLVD. STE. B-1201 KEY BISCAIYNE FL 33149**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/12/1991**
3a. Date of Last Report: **03/21/1994**

2. Principal Place of Business: **6440 North Bay Rd**
21. State, Apt #, etc:
22. City & State: **Miami Beach Fla**
23. Zip: **33141-4516** Country: **U.S.A.**
24. State, Apt #, etc:
25. City & State: **Miami Beach Fla**
26. Zip: **33141-4516** Country: **U.S.A.**

4. FEI Number: **13-5616089**
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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SQUAID, GEORGE
1111 CRANDON BLVD.
STE. B-1201
KEY BISCAIYNE FL 33149**

10. Name and Address of New Registered Agent
B1 Name: **Robert G. Sqauid**
B2 Street Address (P.O. Box Number is Not Acceptable): **6440 North Bay Rd**
B3
B4 City: **Miami Beach** FL B5 Zip Code: **33141**

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 607.0504, Florida Statutes.

SIGNATURE: *Robert G. Sqauid* 4/26/95

12. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	SQUAID, GEORGE
STREET ADDRESS	1111 CRANDON BLVD.#B1201
CITY, ST, ZIP	KEY BISCAIYNE FL
TITLE	D
NAME	SQUAID, GEORGETTE
STREET ADDRESS	1111 CRANDON BLVD.#B1201
CITY, ST, ZIP	KEY BISCAIYNE FL
TITLE	PTD
NAME	SQUAID, ROBERT G.
STREET ADDRESS	853 EAST 72ND ST., #310
CITY, ST, ZIP	NEW YORK NY
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	33149
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	33149
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	6440 North Bay Road
34 CITY, ST, ZIP	Miami Beach, FLA, 33141-4516
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information reflected on this annual report or supplemental annual report and accounts and that my signature shall have the same legal effect as if made under oath. I am an officer or director or officer or director of the corporation or a duly empowered person to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report, or on a supplemental filing, if applicable.

SIGNATURE: *Robert G. Sqauid* 4/26/95 305-867-8090