

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P32796** (5)

1. Corporation Name
AINSLEY CRESCENT CORPORATION



Principal Place of Business
**6440 NORTH BAY RD.
MIAMI BEACH FL 33141-4516
US**

Mailing Address
**6440 NORTH BAY RD.
MIAMI BEACH FL 33141-4516
US**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified **02/12/1991** 3a. Date of Last Report **05/01/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SOUAID, ROBERT G.
6440 NORTH BAY RD.
MIAMI BEACH FL 33141**

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 607.0802 and 607.1506, 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 family with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is filing this report

DATE Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE: **VSD** [] DELETE
NAME: **SOUAID, GEORGE**
STREET ADDRESS: **1111 CRANDON BLVD.#B1201**
CITY-STATE-ZIP: **KEY BISCAYNE FL D** [] DELETE
TITLE: **SOUAID, GEORGETTE**
NAME: **SOUAID, GEORGETTE**
STREET ADDRESS: **1111 CRANDON BLVD. #B1201**
CITY-STATE-ZIP: **KEY BISCAYNE FL**
TITLE: **PTD** [] DELETE
NAME: **SOUAID, ROBERT G.**
STREET ADDRESS: **6440 NORTH BAY RD.**
CITY-STATE-ZIP: **MIAMI BEACH FL**
TITLE: [] DELETE
NAME: [] DELETE
STREET ADDRESS: [] DELETE
CITY-STATE-ZIP: [] DELETE
TITLE: [] DELETE
NAME: [] DELETE
STREET ADDRESS: [] DELETE
CITY-STATE-ZIP: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP **ZIP: 33149**
2.1 TITLE [] Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP **33149**
3.1 TITLE [] Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP **33141**
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I 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 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 the report is on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Souaid
Robert Souaid

1/17/95
Date

305-867-8090
Telephone #

CFR2E034 (12/95)