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**Apr 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000035571 (7)

1. Corporation Name
7100 PINES PLAZA, INC.



Principal Place of Business 8900 SHERIDAN STREET STE 209 HOLLYWOOD FL 33021 US	Mailing Address 3990 SHERIDAN STREET STE. 209 HOLLYWOOD FL 33021-3656 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 05/18/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0408301	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCHWARTZ, JOSEPH L 4040 SHERIDAN ST HOLLYWOOD FL 33021		81 Name STEVEN B BERMAN	85 Zip Code 33021
		82 Street Address (P.O. Box Number is Not Acceptable) 3990 SHERIDAN STREET	
		83 SUITE 209	
		84 City HOLLYWOOD	FL

11. Pursuant to the provisions of Sections 607.002 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 _____ DATE **APRIL 3, 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERMAN, HOWARD B.		1.2 NAME	
STREET ADDRESS 3901 NE 207 STREET, #801		1.3 STREET ADDRESS	
CITY-ST-ZIP AVENTURA FL		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERMAN, STEVEN B.		2.2 NAME	
STREET ADDRESS 3410 EMERALD POINT DRIVE, #304		2.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL		2.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ABRAHAM, BATIEVSKY		3.2 NAME BATIEVSKY, ABRAHAM	
STREET ADDRESS 2101 NE 201 ST		3.3 STREET ADDRESS 3990 SHERIDAN ST. STE. 209	
CITY-ST-ZIP N MIAMI BCH FL		3.4 CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **H. Berman** PRESIDENT **H. Berman** 41367 (607) 981-7744

CR2E034 (9/96)