

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000044602 (9)**

1. Corporation Name  
**NYMAN, INC.**



Principal Place of Business

Mailing Address

4201 N.W. 77TH AVE  
MIAMI FL 33152

4201 N.W. 77TH AVE.  
MIAMI FL 33152

2. Principal Place of Business  
21 1500 S.W. 66 AVE.  
Suite, Apt. #, etc.  
22  
23 City & State  
PEMBROKE PINES, FL  
24 Zip  
33023  
25 Country  
USA

2a. Mailing Address  
26 PO BOX 835738  
Suite, Apt. #, etc.  
27  
28 City & State  
HOLLYWOOD, FL.  
29 Zip  
33083-738  
30 Country  
USA

3. Date Incorporated or Qualified **06/23/1993** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **65-0419701** 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

10. Name and Address of New Registered Agent

FELKOWITZ, STEVE  
4201 NW 77TH AVENUE  
MIAMI FL 33166

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
JDI S. ANDREWS AVE  
83  
84 City **FT. LAUDERDALE** FL 85 Zip Code **33302**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the principal name of registered agent and Florida agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NYMAN, MORTON	
STREET ADDRESS	4201 N.W. 77TH AVE.	
CITY- ST- ZIP	MIAMI FL 33152	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NYMAN, MICHAEL	
STREET ADDRESS	4201 N.W. 77TH AVE.	
CITY- ST- ZIP	MIAMI FL 33152	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	FELKOWITZ, STEVEN	
STREET ADDRESS	4201 N.W. 77TH AVE.	
CITY- ST- ZIP	MIAMI FL 33152	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1500 S.W. 66 AVE
1.4 CITY- ST- ZIP	PEMBROKE PINES, FL. 33023
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1500 S.W. 66 AVE.
2.4 CITY- ST- ZIP	PEMBROKE PINES, FL 33023
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	JDI S. ANDREWS AVE
3.4 CITY- ST- ZIP	FT. LAUDERDALE, FL 33302
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/6/96*

*986 9000*

CR2E034 (12/95)