

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000056185 (0)**

1. Corporation Name  
**NOB HILL PAVILION, INC.**



Principal Place of Business  
**633 SOUTH FEDERAL HIGHWAY  
8TH FLOOR  
FT. LAUDERDALE FL 33301**

Mailing Address  
**P. O. BOX 02-9010 N/A  
FT. LAUDERDALE FL 33302-9010  
US**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
Zip					Zip				
Country					Country				

3. Date Incorporated or Qualified <b>08/11/1993</b>	3a. Date of Last Report <b>01/24/1995</b>
4. FEI Number <b>65-0430206</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MATTEL, HARVEY  
633 S. FEDERAL HWY., 8TH FL.  
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.150A, 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 607.0502, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	PD SCHMIDT, MARK	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	633 S FED HWY 8TH FL	2. NAME	
3. CITY-STATE-ZIP	FT LAUDERDALE FL	3. STREET ADDRESS	
4. TITLE	VSDT	4. CITY-STATE-ZIP	
5. NAME	MATTEL, HARVEY	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS	633 S FED HWY 8TH FL	6. NAME	
7. CITY-STATE-ZIP	FT LAUDERDALE FL	7. STREET ADDRESS	
8. TITLE		8. CITY-STATE-ZIP	
9. NAME		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS		10. NAME	
11. CITY-STATE-ZIP		11. STREET ADDRESS	
12. TITLE		12. CITY-STATE-ZIP	
13. NAME		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. NAME	
15. CITY-STATE-ZIP		15. STREET ADDRESS	
16. TITLE		16. CITY-STATE-ZIP	
17. NAME		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS		18. NAME	
19. CITY-STATE-ZIP		19. STREET ADDRESS	
20. TITLE		20. CITY-STATE-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. I am an officer or director of the corporation or the registered business employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of officers or directors is indicated.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**HARVEY MATTEL, VICE PRESIDENT**

1-19-96 (954) 763-5095

CR2E034 (12/95)