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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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****200.00 ****200.00**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Candra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000069242 (4)**
1. Corporation Name
1920 CORAL WAY, INC.

Principal Place of Business Mailing Address
80 SW 8TH STREET SUITE 2803 MIAMI FL 33130

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. ZIP 28. ZIP

3. Date Incorporated or Qualified **09/30/1993** 3a. Date of Last Report **04/13/1994**
4. FEI Number **11-3179005** 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
**MCCAUGHAN, WILLIAM P
80 SW 8 ST
2803
MIAMI FL 33130**

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIN, RICHARD T	2. NAME	
STREET ADDRESS	EAB PLAZA-EAST TOWER	3. STREET ADDRESS	
CITY, ST, ZIP	UNIONDALE NY	4. CITY, ST, ZIP	
TITLE	D	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEL, JAMES T	22. NAME	
STREET ADDRESS	EAB PLAZA-EAST TOWER	23. STREET ADDRESS	
CITY, ST, ZIP	UNIONDALE NY 11556	24. CITY, ST, ZIP	
TITLE	D	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASCIS, MURRAY F	32. NAME	
STREET ADDRESS	EAB PLAZA-EAST TOWER	33. STREET ADDRESS	
CITY, ST, ZIP	UNIONDALE NY 11556	34. CITY, ST, ZIP	
TITLE	S	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIPPO, DANIEL P	42. NAME	
STREET ADDRESS	EAB PLZ E TOWER 11 FL	43. STREET ADDRESS	
CITY, ST, ZIP	UNIONDALE NY	44. CITY, ST, ZIP	
TITLE	AS	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOOD, LINDA	52. NAME	
STREET ADDRESS	EAB PLZ E TOWER 15 FL	53. STREET ADDRESS	
CITY, ST, ZIP	UNIONDALE NY	54. CITY, ST, ZIP	
TITLE	AS	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, ANDREA J	62. NAME	
STREET ADDRESS	EAB PLZ E TOWER 15 FL	63. STREET ADDRESS	
CITY, ST, ZIP	UNIONDALE NY	64. CITY, ST, 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)(b), 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 included, or in an attachment, with an address.

SIGNATURE:  **President**
INITIALS AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 **576-745-2302**
Date (by electronic filing)

(FL Corporation Annual Report 1995 Continued)

1920 CORAL WAY, INC.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANTHONY A. POZZI EAB PLAZA-EAST TOWER, 13th FLOOR UNIONDALE, NY 11556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN N. LIFSCHUTZ EAB PLAZA-EAST TOWER, 13th FLOOR UNIONDALE, NY 11556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOSEPH LOMONACO EAB PLAZA-EAST TOWER, 13th FLOOR UNIONDALE, NY 11556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/Assistant Secretary WILLIAM M. NEUNER EAB PLAZA-EAST TOWER, 13th FLOOR UNIONDALE, NY 11556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARY ELLEN TROY EAB PLAZA-EAST TOWER, 13th FLOOR UNIONDALE, NY 11556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANIEL P. GRIPPO EAB PLAZA-EAST TOWER, 15th FLOOR UNIONDALE, NY 11556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary LINDA FLOOD EAB PLAZA-EAST TOWER, 15th FLOOR UNIONDALE, NY 11556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary ANDREA J. MUELLER EAB PLAZA-EAST TOWER, 15th FLOOR UNIONDALE, NY 11556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS W. ALEXANDERSON EAB PLAZA-EAST TOWER, 13th FLOOR UNIONDALE, NY 11556