

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000000821 (6)

1. Corporation Name

1600 PENNSYLVANIA AVENUE CORP.



Principal Place of Business

Mailing Address

**1228 ALTON RD.
MIAMI BEACH FL 33139**

**1228 ALTON RD.
MIAMI BEACH FL 33139**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ROSE, LEO JR.
1111 LINCOLN RD.
SUITE 500
MIAMI BEACH FL 33139**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

3. Date incorporated or Qualified

01/03/1994

3a. Date of Last Report

02/06/1995

4. FEI Number

65-0464425

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

SIGNATURE

Signature typed or printed name of registered agent or new registered agent

(If the Registered Agent signature requires a notary seal)

DATE

12. OFFICERS AND DIRECTORS

OF OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**PD
RESNICK, ABE
1228 ALTON RD.
MIAMI BEACH FL**

DELETE

1.1 TITLE

Change Addition

NAME

RESNICK, ABE

1.2 NAME

STREET ADDRESS

1228 ALTON RD.

1.3 STREET ADDRESS

CITY - ST - ZIP

MIAMI BEACH FL

1.4 CITY - ST - ZIP

TITLE

**SD
RESNICK, JAMES
1228 ALTON RD.
MIAMI BEACH FL**

DELETE

2.1 TITLE

Change Addition

NAME

RESNICK, JAMES

2.2 NAME

STREET ADDRESS

1228 ALTON RD.

2.3 STREET ADDRESS

CITY - ST - ZIP

MIAMI BEACH FL

2.4 CITY - ST - ZIP

TITLE

DELETE

3.1 TITLE

Change Addition

NAME

DELETE

3.2 NAME

STREET ADDRESS

DELETE

3.3 STREET ADDRESS

CITY - ST - ZIP

DELETE

3.4 CITY - ST - ZIP

TITLE

DELETE

4.1 TITLE

Change Addition

NAME

DELETE

4.2 NAME

STREET ADDRESS

DELETE

4.3 STREET ADDRESS

CITY - ST - ZIP

DELETE

4.4 CITY - ST - ZIP

TITLE

DELETE

5.1 TITLE

Change Addition

NAME

DELETE

5.2 NAME

STREET ADDRESS

DELETE

5.3 STREET ADDRESS

CITY - ST - ZIP

DELETE

5.4 CITY - ST - ZIP

TITLE

DELETE

6.1 TITLE

Change Addition

NAME

DELETE

6.2 NAME

STREET ADDRESS

DELETE

6.3 STREET ADDRESS

CITY - ST - ZIP

DELETE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES RESNICK

4-8-96

305-6934981

Daytime Phone #

CR2E034 (12/95)