

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P94000021676 (9)**

95 APR 13 PH 2: 26

1. Corporation Name
M. GOLDSTEIN, INC.

Principal Place of Business
**7800 COLONY CIRCLE SO
STE 202
TAMARAC FL 33321**

Mailing Address
**7800 COLONY CIRCLE SO
STE 202
TAMARAC FL 33321**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/17/1994

3a. Date of Last Report

2. Principal Place of Business
21 **8921 N.W. 25th Ct.**

2a. Mailing Address
26 **8921 N.W. 25th Ct.**

4. FEI Number
65-0475484

Applied For
Not Applicable

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State
SUNRISE, FL

28 City & State
SUNRISE, FL

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip
33322

25 Country

29 Zip
33322

30 Country

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GOLDSTEIN, MONICA
7800 COLONY CIRCLE SO
STE 202
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name
MONICA SERLICK

82 Street Address (P.O. Box Number is Not Acceptable)
8921 N.W. 25th Ct.

83

84 City
SUNRISE

85 State
FL

86 Zip Code
33322

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 *[Signature]* DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOLDSTEIN, MONICA
STREET ADDRESS	7800 COLONY CIRCLE SO, STE 202
CITY, ST, ZIP	TAMARAC FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SERLICK, MONICA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SERLICK, MONICA	
13 STREET ADDRESS	8921 N.W. 25th Ct.	
14 CITY, ST, ZIP	SUNRISE, FL 33322	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(1)(k), Florida Statutes. I further certify that the information included 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]* **M. SERLICK** DATE: **3/31/95** TELEPHONE: **305-742-9355**