

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 60 STE 202 TAMARAC FL 33321**
Mailing Address: **7800 COLONY CIRCLE 60 STE 202 TAMARAC FL 33321**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/17/1994**
3a. Date of Last Report

21	2. Principal Place of Business 8921 N.W. 25th Ct.	2a. Mailing Address 8921 N.W. 25th Ct.	4. FEI Number 65-0475484	Applied For Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State SUNRISE, FL	City & State SUNRISE, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33322	Country	29	30
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9. Name and Address of Current Registered Agent
**GOLDSTEIN, MONICA
7800 COLONY CIRCLE 60 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 City: **SUNRISE** FL 85 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: Name of person named as registered agent and title if applicable) (Signature: Registered Agent (signature required) when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, MONICA	12 NAME	SERLICK, MONICA
STREET ADDRESS	7800 COLONY CIRCLE 60, STE 202	13 STREET ADDRESS	8921 N.W. 25th Ct.
CITY, ST, ZIP	TAMARAC FL 33321	14 CITY, ST, ZIP	SUNRISE, FL 33322
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		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: *M. Serlick* **M. SERLICK** 3/31/95 305-742-9355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)