

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000025801 (9)**

1. Corporation Name

MAIN STREET INVESTMENTS & FINANCIAL SERVICES, INC.

Principal Place of Business

**10323 SOUTHERN BOULEVARD
ROYAL PALM BEACH FL 33411**

Mailing Address

**10323 SOUTHERN BOULEVARD
ROYAL PALM BEACH FL 33411-4338**



3. Date Incorporated or Qualified
04/04/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 18679 SE Federal Highway

Suite, Apt. #, etc.

**22 City & State
Tequesta, FL 33469**

**24 Zip Country
33469 FL**

2a. Mailing Address

26 18679 SE Federal Highway

Suite, Apt. #, etc.

**27 City & State
Tequesta, FL 33469**

**29 Zip Country
33469 FL**

4. FEI Number

65-0479683

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

**BALCH, PATRICIA
10397 SOUTHERN BLVD.
ROYAL PALM BEACH FL 33411**

10. Name and Address of New Registered Agent

81 Name Rubinfeld, Daren, Esq.

**82 Street Address (P.O. Box Number is Not Acceptable)
18679 SE Federal Highway**

**83 City
Tequesta**

**84 State
FL**

**85 Zip Code
33469**

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]

DAREN RUBINFELD

4/15/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, ROBERT L	
STREET ADDRESS	10397 SOUTHERN BLVD.	
CITY - ST - ZIP	ROYAL PALM BEACH FL 33411	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	AUSTIN, CHRISTOPHER	
STREET ADDRESS	10397 SOUTHERN BOULEVARD	
CITY - ST - ZIP	ROYAL PALM BEACH FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	BALCH, PATRICIA	
STREET ADDRESS	10397 SOUTHERN BLVD.	
CITY - ST - ZIP	ROYAL PALM BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ZBORIL, JAMES	
STREET ADDRESS	10397 SOUTHERN BOULEVARD	
CITY - ST - ZIP	ROYAL PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Miller, Robert L.	33469
1.3 STREET ADDRESS	18679 SE Federal Highway, Tequesta, FL	
1.4 CITY - ST - ZIP		
2.1 TITLE	Zboril, Jim	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	18679 SE Federal Highway	
2.3 STREET ADDRESS	Tequesta, FL 33469	
2.4 CITY - ST - ZIP		
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rubinfeld, Daren, Esq.	
3.3 STREET ADDRESS	18679 SE Federal Highway, Tequesta, FL	33469
3.4 CITY - ST - ZIP		
4.1 TITLE	Austin, Christopher	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	18679 SE Federal Highway, Tequesta, FL	33469
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, 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] **DAREN RUBINFELD**

4/15/97

561-743-0014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0305082

CR2E034 (9/96)