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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 25 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400028242 (3)

FINBERG ENTERPRISES, INC.

Principal Place of Business Mailing Address						18418    881   811E    1887    81811	
14139 TROHLAN BOCK RATON	:	28105 OLD BRIDGE TRAIL BOCA RATON FL 33428					
Sanc /					3. Date Incorporated or Qualified 3a. Date of Last Re 04/12/1994 05/01/1996		Report
2. Principal f	Place of Business	28. Mailing Address			4. FEI Number	<del></del>	pplied For
21 2/80	of old Bridge Ti	ei 26			65-0517178	<b>├</b>	lot Applicable
Suite, Apt	of old Bridge Ti	Suite, Apt. #, etc.			5. Certificate of Status Desired	, ,	Additional lequired
City & Sta	ite O i C/	City & State			6. Election Campaign Financing	·	May Be
23 Boca Kator Fl 28					Trust Fund Contribution		to Fees
Zip 221	Courtry	Zip	Country		8. This corporation has liability for it	ntangible tax under :	s. 199.032,
24 334			30			Yes No	<u>.</u>
- VAT	9. Name and Address of Curre	ini Registereo Agent	81	lamo.	10. Name and Address of New Reg	istered Agent	
	Z, LIANE 59 HIGHLAND CIRCLE			Kas	tz Liane		
	CA RATON FL 33428		<b>82</b> S		ess (P.O. Box Number is Not Acceptab	le)	
DUU	A NATUR FL 33420		83	1905	VIR Pridge	rail	
			84 (	Dity <b>R</b>	ca Ration	FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statute	es, the above-na	amed corp	gration submits this statement for the pu	urpose of changing	its registered
Office of	registered agent, or both, in the Statem familiar with, and accept the oblig	'e ol Florida. Such change was a	tulhorized by 1b	e corporati	ion's board of directors. I hereby accep	t the appointment as	s registered
	$\mathcal{L}$		onda Statutes.			( L & 12)	1 1997
SIGNATURE	Signature, typed or printed name of registered as	geral od title il applicable. (NOTE	Hogistered Agent si	ignature require	ed when recostating)	DATE	<b>5</b> -1-1-1-1
12.	OFFICERS AT	NO PIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TIBLE			☐ Change	Addition
NAME	KATZ, LIANE		1.2 NAME				
STREET ADDRESS	28105 OLD BRIDGE TRAIL		1.3 STREET ADE	DRESS			
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 CHY+ST-7IP				
TITLE	D KATT CONICOT ID	[_] DELETE	2 1 TITLE			☐ Change	Addition
NAME	KATZ, ERNEST JR. 28105 OLD BRIDGE TRAIL		22 NAME				
STREET ADDRESS	BOCA RATON FL 33428		2 3 STREET ADDRESS				
CITY-ST-ZIP TITLE	D BOOK RATON FL 33420	DELETE	2 4 CITY-ST-Z 3.1 TITLE	MP.		1 05	T Nadabi
NAME	KATZ, MICHAEL	L_ DELETE	3.2 NAME			Change	Addition
STREET ADDRESS	107 CHERRY ST.		3.3 STREET ADD	20100			
CITY-ST-ZIP	KATONAH NY 11536		3.4. CITY - ST - Z				
TITLE	1	DELETE	4.1 TITLE			Change	Addition
NAME	1		4. 2 NAME				
STREET ADDRESS			4.3 STREET ADD	DRESS			
CITY-ST-ZIP			4.4 CITY - ST - 71				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADD	IRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZI	Р			
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STREET ADD	RESS			
CITY-ST-ZIP	Land the state of	-1 - 20 - 0 3 - 70	6 4 CiTY-ST-Zi				
intermetic	on indicated on this annual renort or .	supplemental appual report is tru	ue and accurati	e and that i	in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal	offeet as if made un	idor oath: that
I ARM AN O	officer or director of the corporation of in Block 12 or Block 13 if changed, of	or the receiver or trustee empowe	ered to evecute	this report	as required by Chapter 607, Florida St	satutes; and that my i	name