

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

**FILED**

**Jan 23 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P94000045008 (7)**

1. Corporation Name  
**M 56 ENTERPRISES, INC.**



Principal Place of Business: **7900 GLADES RD. SUITE 320 BOCA RATON FL 33434**  
Mailing Address: **7900 GLADES RD. SUITE 320 BOCA RATON FL 33434-4104**

3. Date Incorporated or Qualified: **06/13/1994**  
3a. Date of Last Report: **04/04/1996**

2. Principal Place of Business: **7800 NE 8th Way**  
2a. Mailing Address: **7800 NE 8th Way**

4. FEI Number: **65-0500647**  
Applied For:  Not Applicable

Suite, Apt #, etc: **[Blank]**

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

City & State: **Boca Raton, FL**  
28. City & State: **Boca Raton, FL**

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

Zip: **33487** Country: **U.S.A.**  
29. Zip: **33487** Country: **U.S.A.**

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

9. Name and Address of Current Registered Agent:  
**DASZKAL, ALEX  
7900 GLADES RD.  
SUITE 320  
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent:  
81 Name: **SAME**  
82 Street Address (P.O. Box Number is Not Acceptable): **SAME**  
83 City: **SAME**  
84 City: **SAME** 85 Zip Code: **FL**

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: **1/13/97**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>DASZKAL, ALEX</b>
STREET ADDRESS	<b>7900 GLADES RD., SUITE 320</b>
CITY - ST - ZIP	<b>BOCA RATON FL 33434</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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 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 a attachment with an address

SIGNATURE: *[Signature]* DATE: **1/13/97** (561)852-7220

CR2E034 (9/96)