

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gandra B. Morman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 21 PM 2:55

DOCUMENT # **P94000066334 (1)**

1. Corporation Name

DREYFUSS MANAGEMENT ASSOCIATES, INC.

Principal Place of Business

7300 W. MCNAB ROAD
SUITE 114
FT. LAUDERDALE FL 33321

Mailing Address

7300 W. MCNAB ROAD
SUITE 114
FT. LAUDERDALE FL 33321

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/01/1994

3a. Date of Last Report

N/A

4. FEI Number

65-0518328

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

23

City & State

24

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

28

City & State

29

Zip

30

Country

9. Name and Address of Current Registered Agent

DREYFUSS, SHELDON
7300 W. MCNAB ROAD
SUITE 114
FT. LAUDERDALE FL 33321

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Sheldon Dreyfuss
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR IF APPLICABLE

Sheldon Dreyfuss
(NOTE: Registered Agent signature required when re-registering)

DATE

1/12/95

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

DREYFUSS, SHELDON

STREET ADDRESS

11541 N.W. 29TH STREET

CITY - ST - ZIP

SUNRISE FL 33323

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 an attachment with an address.

SIGNATURE:

Sheldon Dreyfuss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/12/95

TELEPHONE #

305-722-6698