

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

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Apr 08 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 # P94000067436 (3)

1. Corporation Name
1280 PARKWAY PLAZA, INC.



Principal Place of Business
8990 SHERIDAN STREET SUITE 209 HOLLYWOOD FL 33021 US

Mailing Address
3990 SHERIDAN STREET SUITE 209 HOLLYWOOD FL 33021-3656 US

3. Date Incorporated or Qualified **09/14/1994** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip Country

2a. Mailing Address
 26. Suite, Apt. #, etc.
 27. City & State
 28. Zip Country

4. FEI Number **65-0517503** 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
**SCHWARTZ, JOSEPH L
 4040 SHERIDAN ST
 HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent
 81. Name **STEVEN B. BERMAN**
 82. Street Address (P.O. Box Number is Not Acceptable) **3990 SHERIDAN STREET**
 83. **SUITE # 209**
 84. City **HOLLYWOOD** FL 85. Zip Code **33021**

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 **APRIL 3, 1997**
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	P		
NAME	BERMAN, HOWARD B		
STREET ADDRESS	3990 SHERIDAN STREET, SUITE 209		
CITY-ST-ZIP	HOLLYWOOD FL		
TITLE	VP		
NAME	BERMAN, STEVEN		
STREET ADDRESS	3990 SHERIDAN STREET, SUITE 209		
CITY-ST-ZIP	HOLLYWOOD FL		
TITLE	ST		
NAME	BATIEVSKY, ABRAHAM		
STREET ADDRESS	3990 SHERIDAN STREET, SUITE 209		
CITY-ST-ZIP	HOLLYWOOD 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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	D/P		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	D/V		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	D/S/T		
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 an attachment with an address.

SIGNATURE: **PRESIDENT H. BERMAN** **4/03/97 (954) 981-7744**

CR2E034 (9/96)