FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000069417 (1)**

1. Corporation Name
7925 WEST 2ND CORP.

Principal Place of Business
3140 SOUTH OCEAN BLVD.
SUITE 401
SOUTH PALM BEACH FL 33480

Mailing Address
3140 SOUTH OCEAN BLVD.
SUITE 401
SOUTH PALM BEACH FL 33480

3. Date Incorporated or Qualified: **09/21/1994**
3a. Date of Last Report: **12/11/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 % HARRY A KATZ
Suite, Apt. #, etc.
27 480 PARK AVE. - SUITE 5B
City & State
28 N.Y., NY
Zip 29 10022 Country 30 USA

4. FEI Number: **65-0525446** ☐ 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
KATZ, HARRY
3140 SOUTH OCEAN BLVD.
SUITE 401
SOUTH PALM BEACH FL 33480

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: By: [signature] President 2-10-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KATZ, HARRY A	1.2 NAME	
STREET ADDRESS	ONE HYDIN RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PGH PA 15217	1.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEVY, DANIEL H	2.2 NAME	
STREET ADDRESS	3332 SABAL COVE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BOAT KEY FL 34228	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FENSTER, ALBERT	3.2 NAME	
STREET ADDRESS	50 SOUTH DL SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	3.4 CITY-ST-ZIP	
TITLE	VPAS ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHACTER, ALAN	4.2 NAME	
STREET ADDRESS	551 5TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10176	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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: By: [signature] President 2/10/96 212-486-1715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)