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Jan 31 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 # 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  
HARRY A KATZ  
480 PARK AVENUE SUITE 5B  
NEW YORK NY 10022-1613  
US



3. Date Incorporated or Qualified 09/21/1994  
3a. Date of Last Report 02/21/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0525446		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					

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 Section 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] - President 1/22/97  
Signature type is optional 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	1.1 TITLE	V.P.
NAME	KATZ, HARRY A	1.2 NAME	HARRY A KATZ
STREET ADDRESS	ONE HYDIN RD.	1.3 STREET ADDRESS	ONE HYDIN RD
CITY-ST-ZIP	PGH PA 15217	1.4 CITY-ST-ZIP	PGH, PA. 15217
TITLE	VP	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	
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		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97  
Date

412-521-6464  
Daytime Phone #  
0004568

CR2E034 (9/96)