

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

96 SEP -4 AM 11:28

DOCUMENT # P94000071846 (7)

1. Corporation Name

FIVE - B, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address
58 N.E. 7TH STREET MIAMI FL 33132	58 N.E. 7TH STREET MIAMI FL 33132

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
Country	30

3. Date Inc. Incorporated or Changed	3a. Date of Last Report
09/26/1994	05/01/1995
4. FEI Number	Applied For Not Applied For
65-0530557	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for filing tax returns 1993-1995 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	B1 Name
BLUMENSTINE, MARC E 58 N.E. 7TH STREET MIAMI FL 33132-1818	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City
	FL B5 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 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 or its board of directors, or by a duly appointed agent, and I am familiar with and believe the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BLUMENSTINE, MARC E	<input type="checkbox"/> DELETE	
NAME	1795 DAYTONIA ROAD		
STREET ADDRESS	MIAMI FL 33141		
CITY- ST- ZIP			
TITLE	VD BLUMENSTINE, AIDA M	<input type="checkbox"/> DELETE	
NAME	1795 DAYTONIA ROAD		
STREET ADDRESS	MIAMI FL 33141		
CITY- ST- ZIP			
TITLE	SD BLUMENSTINE, TAMMY	<input type="checkbox"/> DELETE	
NAME	1795 DAYTONIA ROAD		
STREET ADDRESS	MIAMI FL 33141		
CITY- ST- ZIP			
TITLE	TD BLUMENSTINE, MARC L	<input type="checkbox"/> DELETE	
NAME	1351 N.W. 124TH AVE.		
STREET ADDRESS	PEMBROKE PINES FL 33026		
CITY- ST- ZIP			
TITLE	VD BLUMENSTINE, DAVID	<input type="checkbox"/> DELETE	
NAME	20401 N.E. 30TH AVE. UNIT 216		
STREET ADDRESS	N MIAMI BEACH FL 33180		
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

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\*\*\*\*375.00 \*\*\*\*375.00

BA-12-96

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 199.01(3)(c), Florida Statutes. I further certify that the information stated 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 the report or a person filing Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marc E. Blumenstine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MARC E. BLUMENSTINE

8/30/96 (305)358-7444

CR2E034 (3/96)