

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 21 AM 8:07

DOCUMENT # P94000079128 (2)

1. Corporation Name

SW 57 AVE CORP.

Principal Place of Business

Mailing Address

**C/O FELDMAN, GUTTERMAN, WEINBERG, ET AL
280 PLANDOME ROAD
MANHASSET NY 11030**

**C/O FELDMAN, GUTTERMAN, WEINBERG, ET AL
280 PLANDOME ROAD
MANHASSET NY 11030**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/27/1994** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
69-0531070

Applied For
Not Applicable

21. Suite, Apt. #, etc

26. Suite, Apt. #, etc

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip

25. Country

28. Zip

30. Country

8. This corporation has liability for intangible tax under § 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
1408 HAYS STREET
SUITE 2
TALLAHASSEE FL 32301**

81. Name

82. Street Address (P.O. Box Not Applicable)

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

Signature typed or printed name of registered agent and (if applicable)

(If NE) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **ASTOR, PATRICIA**
STREET ADDRESS **22354 SW 57 AVE**
CITY-ST-ZIP **Boca Raton, FL 33433**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D**
NAME **ASTOR, LOVEL**
STREET ADDRESS **22354 SW 57th AVE**
CITY-ST-ZIP **Boca Raton, FL 33432**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D**
NAME **WEINBERG, MARK**
STREET ADDRESS **280 PLANDOME RD**
CITY-ST-ZIP **MANHASSET, NY 11030**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D**
NAME **GUTTERMAN, MARK**
STREET ADDRESS **280 PLANDOME RD**
CITY-ST-ZIP **MANHASSET NY 11030**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D**
NAME **FELDMAN, BORTON**
STREET ADDRESS **280 PLANDOME RD**
CITY-ST-ZIP **MANHASSET NY 11030**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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:

Mark Weinberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(516) 365-6600
Telephone Number