

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**FILED**  
**Apr 05 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # P94000079128 (2)**

1. Corporation Name  
**SW 57 AVE CORP.**

Principal Place of Business: **C/O FELDMAN, GUTTERMAN, MEINBERG, ET AL 280 PLANDOME ROAD MANHASSET NY 11030**  
Mailing Address: **C/O FELDMAN, GUTTERMAN, MEINBERG, ET AL 280 PLANDOME ROAD MANHASSET NY 11030**



2. Principal Place of Business	2a. Mailing Address
21 Sube. Apt. #, etc.	26 Sube. Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>10/27/1994</b>	3a. Date of Last Report <b>06/21/1995</b>
4. FEIN number <b>65-0531070</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**NATIONAL CORPORATE RESEARCH, LTD., INC.  
1406 HAYS STREET  
SUITE 2  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name: **Laurie P. Evans**  
82 Street Address (P.O. Box Numbers Not Acceptable):  
83 **328 MINORCA AVE**  
84 City: **CORAL GABLES FL** 85 Zip Code: **33134**

11. Pursuant to the provisions of Sections 607.01 and 607.1505, Florida Statutes, the above named corporation's agents to a state and 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 provisions of Sections 607.01 and 607.1505, Florida Statutes.

SIGNATURE: *[Signature]* **Laurie P. Evans** DATE: **4/1/96**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>ASTOR, PATRICIA</b>	
STREET ADDRESS	<b>22354 SW 57TH AVE</b>	
CITY, ST, ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>ASTOR, LIONEL</b>	
STREET ADDRESS	<b>22354 SW 57TH AVE</b>	
CITY, ST, ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>WEINBERG, MARK</b>	
STREET ADDRESS	<b>280 PLANDOME RD</b>	
CITY, ST, ZIP	<b>MANHASSET NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>GUTTERMAN, MARK</b>	
STREET ADDRESS	<b>280 PLANDOME RD</b>	
CITY, ST, ZIP	<b>MANHASSET NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>FELDMAN, BURTON</b>	
STREET ADDRESS	<b>280 PLANDOME RD</b>	
CITY, ST, ZIP	<b>MANHASSET NY</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY, ST, ZIP		<input type="checkbox"/>	<input type="checkbox"/>
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY, ST, ZIP		<input checked="" type="checkbox"/>	<input type="checkbox"/>
31 NAME	<b>MEINBERG, MARK</b>		
32 STREET ADDRESS			
34 CITY, ST, ZIP		<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY, ST, ZIP		<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY, ST, ZIP		<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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. I am an officer or director of the corporation or the treasurer or authorized person 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]* **MARK MEINBERG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**516-365-6600**

CR2E034 (12/95)