## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P94000079128 (2)

SW 57 AVE CORP.

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Suite, Apt. #, etc.

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CORAL GABLES FL 33134

EVANS, LAURIE P **828 MINORCA AVE** 

SUITE 2

City & State

Principal Place of Business Mailing Address C/O FELDMAN. GUTTERMAN. MEINBERG. ET AL 280 PLANDOME ROAD MANHASSET NY 11030 C/O FELDMAN. GUTTERMAN. MEINBERG. ET AL 260 PLANDOME ROAD MANHASSET NY 11030 2. Principal Place of Business 2a. Mailing Address

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9. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

City & State

 $Z_{\rm IP}$ 

FILED Mar 31 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/27/1994</u> 4. FEI Number Applied For 65-0531070 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be  $\Box$ Trust Fund Contribution Added to Fees B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

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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.

Country

81 Name

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84 City

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SIGNATURE Signature, typed or printed cause of togesleved agent and little if applicable (NOT). Registered Agent signature required when reinstating: 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (10/97 OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition ASTOR, PATRICIA NAME 1.2 NAME CR2E034 22354 SW 57TH AVE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 City-St-ZiP DELETE 2.1 TITLE Change Addition TITLE NAME ASTOR, LIONEL 2.2 NAME 22354 SW 57TH AVE STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE MEINBERG, MARK NAME 3.2 NAME 280 PLANDOME RD STREET ADDRESS 3.3 STREET ADDRESS MANHASSET NY CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE GUTTERMAN, MARK 4. 2 NAME NAME 280 PLANDOME RD STREET ADDRESS 4.3 STREET ADDRESS MANHASSETT NY CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE FELDMAN, BURTON NAME 52 NAME 280 PLANDOME RD STREET ADDRESS 5.3 STREET ADDRESS MANHASSETT NY CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. I 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 suppliemental 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

Maul 2 yen SIGNATURE:

MARK MENUBERG 3/29/98