

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Madigan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000082175 (8)**

1. Corporation Name:
10191 CORP.

Principal Place of Business

**9901 COLLINS AVE
APT 19H
BAL HARBOR FL 33154**

Mailing Address

**9901 COLLINS AVE
APT 19H
BAL HARBOR FL 33154**



2. Principal Place of Business

2a. Mailing Address

21	Street, Apt. #, etc.	26	Street, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**SCHWARTZ, JOSEPH L
4040 SHERIDAN ST
HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified
11/09/1994

3a. Date of Last Report
01/25/1995

4. FIC Number
65-0531687

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for integrative tax under s. 199.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.011 and 607.012, 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. Thereby, except the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.011, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	AGAI, ROBERT	
STREET ADDRESS	9801 COLLINS AVE	
CITY, ST, ZIP	BAL HARBOR FL 33154	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AGAI, MARIA	
STREET ADDRESS	9801 COLLINS AVE	
CITY, ST, ZIP	BAL HARBOR FL 33154	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is true, correct and complete, and that I am, or I am an officer or director of the corporation or the registered agent, as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or a similar document filed herewith.

SIGNATURE: **ROBERT AGAI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

410 96 954 345-6448

CRCE034 (12/95)