FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible]0

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT [illegible]TE
Sandra B. Mort[illegible]
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000084515 (3)**

1. Corporation Name

TWENTY-TWO, INC.

FILED
95 AUG -3 AM 9:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
420 LINCOLN RD., SUITE 290 MIAMI BEACH FL 33139	420 LINCOLN RD., SUITE 290 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/17/1994
3a. Date of Last Report:

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

4. FEI Number: ~~65-0579254~~ — [X] Applied For / [ ] Not Applicable

5. Certificate of Status Desired [X] — $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 intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

KORUS, MITCHELL
420 LINCOLN RD., SUITE 290
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		[ ] Change [ ] Addition
NAME	KORUS, MITCHELL	1.2 NAME		
STREET ADDRESS	420 LINCOLN RD., SUITE 290	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	P/D	[X] Change [ ] Addition
NAME	SIKES, JAMES	2.2 NAME	Sikes, James Jr.	
STREET ADDRESS	420 LINCOLN RD., SUITE 290	2.3 STREET ADDRESS	1233 Collins Avenue, Unit 6	
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	Miami Beach, Fla. 33139	
TITLE		3.1 TITLE	V/P	[ ] Change [X] Addition
NAME		3.2 NAME	Benware, Marc	
STREET ADDRESS		3.3 STREET ADDRESS	1233 Collins Ave., Unit 6	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami Beach, Fla. 33139	
TITLE		4.1 TITLE		[ ] Change [ ] Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		[ ] Change [ ] Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		[ ] Change [ ] Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 119.07(3)(i), 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: Mitchell Paul Korus MITCHELL PAUL KORUS 1/26/95 (305) 534-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0147742 CP