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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1085 NORTHEAST 125TH STREET STE. 102

DOCUMENT # P94000087806 (3)

240 76TH STREET, INC.

108S NORTHEAST 125TH STREET STE. 102

Procipat Place of Business

NAME

111.8

NAM:

STREET ADORESS

STHEET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if change

CITY - ST - 761

 $(a^*Y\cdot S1\cdot 7)^p$

NO. MIAMI FL 33161 NO. MIAMI FL 33161-5831 3a, Date of Last Report 3. Date Incorporated or Qualified 12/05/1994 02/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0539848 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Country 210 8. This corporation has liability for intangible tax under s. 199.032, les No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHAPIRO, IRA R 13899 BISCAYNE BLVD. STE. 400 Street Address (P.O. Box Number is Not Acceptable) 82 MIAM! FL 33181 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature: typed or product hand of registered agent and trie if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE 10.4 SEGAL. ROBERTA NAME 1.2 NAME 1085 NE 125TH STREET STE. 102 1.3 STREET ADDRESS STELL LACERESS NO MIAMI FL 33161 1.4 CITY-ST-ZIP CHY-51-76 DELETE Change Addition 2.1 TITLE DEE 2 2 NAME NAM: STREET ADDRESS 23 STREET ADDRESS 2. 4 CITY - ST - ZIP City St. 702 DELETE Change Addition THLE 31 Title NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY+ST-ZIP C Tr - \$1 - ZiP DELETE Change Addition THE 4.1 TITLE NAME 4.2 NAME STREET ACIDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CHY - \$1 - 261 DELETE THE 5 \$ TITLE Change Addition

5.2 NAME

61 TITLE

6.2 NAME

14. I do hereby certify that the information supplied with the 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 eath; that I are an officer or director of the corporation or the receiver or trustee empowered to expect this report as required by Chapter 607, Florida Statutes; and that my name

DELETE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

> Daytime Phone ▼ 0219076

Change

Addition

FILED

Apr 09 1997 8:00am

Secretary of State