

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

APPROVED
AND
FILED

1996 MAY -1 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/01/96--01077--020
****200.00 ****200.00

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000050717 (4)

1. Corporation Name

FOUNTAIN PIECE, INC.

Principal Place of Business

Rivergate Plaza, Suite 300
444 Brickell Avenue
Miami, FL 33131

Mailing Address

Rivergate Plaza, Suite 300
444 Brickell Avenue
Miami, FL 33131

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 7685 Debeaubien Dr.	26 201 East Pine Street	95-4345099	6/29/95
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For	Not Applicable
22	27 1200	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Orlando, Florida	28 Orlando, Florida	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
24 32835	25 Orange	29 32801	30 Orange

9. Name and Address of Current Registered Agent


Stewart A. Merkin
Rivergate Plaza, Suite 300
444 Brickell Avenue
Miami, Florida 33131

10. Name and Address of New Registered Agent

81 Name
Byrd F. Marshall, Jr., Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
Gray, Harris & Robinson, P.A.
83 201 East Pine Street, Suite 1200
84 City
Orlando
85 Zip Code
FL 32801

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


Signature typed or printed name of registered agent and title if applicable

Byrd F. Marshall, Jr., Esq. 4/30/96

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	D/P/T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Sylvester Stallone
STREET ADDRESS		1.3 STREET ADDRESS	7685 Debeaubien Drive
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Orlando, FL 32835
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	David Rosenberg
STREET ADDRESS		2.3 STREET ADDRESS	7685 Debeaubien Drive
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Orlando, FL 32835
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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; 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Rosenberg 4/30/96

Date

(407)299-9450

Daytime Phone

CR2E034 (12/95)