

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murtham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000059974 (2)**

1. Corporation Name

**1815 N.E. 123RD ST., INC.**



Principal Place of Business

Mailing Address

% MICHAEL K. FELDMAN  
1135 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154

% MICHAEL K. FELDMAN  
1135 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business

2a. Mailing Address

21. Sub., Apt., #, etc.

26. Sub., Apt., #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

3. Date Incorporated or Qualified

**08/03/1995**

3a. Date of Last Report

4. FEI Number

**65-0605898**

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 intangible tax under s. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.002 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 607.0005, Florida Statutes.

SIGNATURE

(If Registered Agent, sign only if you are a resident of Florida)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE: **PRESIDENT**  DELETE  
 NAME: **GIULIO SAUTILLO**  
 STREET ADDRESS: **C/O FELDMAN 1135 KANE CONC.**  
 CITY, ST., ZIP: **BAY HARBOR ISLANDS FL 33154**  DELETE  
 NAME:  DELETE  
 STREET ADDRESS:  DELETE  
 CITY, ST., ZIP:  DELETE  
 NAME:  DELETE  
 STREET ADDRESS:  DELETE  
 CITY, ST., ZIP:  DELETE  
 NAME:  DELETE  
 STREET ADDRESS:  DELETE  
 CITY, ST., ZIP:  DELETE

1. TITLE  Change  Addition  
 2. NAME  
 3. STREET ADDRESS  
 4. CITY, ST., ZIP  Change  Addition  
 5. TITLE  Change  Addition  
 6. NAME  
 7. STREET ADDRESS  
 8. CITY, ST., ZIP  Change  Addition  
 9. TITLE  Change  Addition  
 10. NAME  
 11. STREET ADDRESS  
 12. CITY, ST., ZIP  Change  Addition  
 13. TITLE  Change  Addition  
 14. NAME  
 15. STREET ADDRESS  
 16. 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 in an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/96**  
Date

**865-5716**  
Telephone Number

CR2E034 (12/95)