

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000070108 (2)

1. Corporation Name
2-14 CORP.



Principal Place of Business: 5030 CHAMPION BOULEVARD, SUITE 6-198 BOCA RATON FL 33496
Mailing Address: 5030 CHAMPION BOULEVARD, SUITE 6-198 BOCA RATON FL 33496

3. Date Incorporated or Qualified: 09/12/1995
3a. Date of Last Report: 09/12/1995
4. FEI Number: 65-060 6176
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 607.0502 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)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS
TITLE: PSTD SHINER, MARC D
NAME: SHINER, MARC D
STREET ADDRESS: 5030 CHAMPION BOULEVARD, SUITE 6-198
CITY-ST-ZIP: BOCA RATON FL 33496
[Repeat for other officers]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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***200.00

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

3-4-96

407 347 7780

Date

Daytime Phone #

CR2E034 (12/95)