

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 \$200 fee, prior to 5/1/96

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000094780 (0)

1. Corporation Name

19TH STREET INVESTORS, INC.

Principal Place of Business

6350 NORTH ANDREWS AVENUE STE 100
FORT LAUDERDALE FL 33309

Mailing Address

6350 NORTH ANDREWS AVENUE STE 100
FORT LAUDERDALE FL 33309



Initial Incorporation
12/95 - this is first
Report

2. Principal Place of Business	2a. Mailing Address
21 4901 N Federal Hwy Suite, Apt #, etc.	26 4901 N Federal Hwy Suite, Apt #, etc.
22 Suite 400	27 Suite 400
23 Ft Land, FL City & State	28 Ft Land, FL City & State
24 Zip 33308 Country USA	29 Zip 33308 Country USA

3. Date Incorporated or Qualified 12/14/1995	3a. Date of Last Report N/A
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fees Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

GERRITS, ANDREW T
6350 NORTH ANDREWS AVENUE STE 100
FORT LAUDERDALE FL 33309

Delete &
Change to
below:

10. Name and Address of New Registered Agent

81 Name Joe Carosella
82 Street Address (P.O. Box Number is Not Acceptable) 4901 N Federal Hwy - Suite 400
83
84 City Ft Lauderdale, FL FL
85 Zip Code 33308

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

Joe Carosella (Joe CAROSELLA) president, 19th St. Investors, INC.

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GERRITS, ANDREW T		1.2 NAME JOE CAROSELLA	
STREET ADDRESS 6350 NORTH ANDREWS AVENUE STE 100		1.3 STREET ADDRESS 4901 N Federal Hwy - Suite 400	
CITY - ST - ZIP FORT LAUDERDALE FL 33309		1.4 CITY - ST - ZIP Ft Land FL 33308	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME DAVID LIPP	
STREET ADDRESS		2.3 STREET ADDRESS 2198 JULIANA ROAD	
CITY - ST - ZIP		2.4 CITY - ST - ZIP BOCA RATON, FL 33486	
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:

Joe Carosella, President (JOE CAROSELLA) 4/26/96 (954) 772-1288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)