

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90044 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000104789
 1. Corporation Name
A & S TSENGOLES, INC.

Principal Place of Business 2100 N.E. 191ST DRIVE NORTH MIAMI BEACH FL 33179	Mailing Address 2100 N.E. 191ST DRIVE NORTH MIAMI BEACH FL 33179
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
01/01/1998

21. Principal Place of Business 1800 Sunset Harbour Dr	2a. Mailing Address 1800 Sunset Harbour Dr	4. FEI Number 65-0800 493	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc. 1412	27. Suite, Apt. #, etc. 1412	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State Miami Beach FL	28. City & State Miami Beach FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip 33139	25. Country	29. Zip 33139	30. Country

9. Name and Address of Current Registered Agent SABRA, RICHARD B ESQ C/O ATKINSON, DINER, STONE, ET. AL 1946 TYLER STREET HOLLYWOOD FL 33022		10. Name and Address of New Registered Agent	
B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City
			FL B5 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President	<input type="checkbox"/> DELETE	1.1 TITLE V.P. & Sec	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Anthony Tsengoles		1.2 NAME SHARON TSENGOLES	
STREET ADDRESS 1800 sunset HARBOUR DR #1412		1.3 STREET ADDRESS 36 Pine Ave	
CITY-ST-ZIP Miami Beach FL 33139		1.4 CITY-ST-ZIP Agucobogue N.Y. 11931	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this 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 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, with all other like empowered.

SIGNATURE: Anthony Tsengoles Pres. ANTHONY TSENGOLES 1/15/99 305 674-9970
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)