

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0073793

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 SEP 29 AM 10:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000049110

1. Corporation Name
 165TH STREET, INC.

Principal Place of Business
 2500 MILITARY TRAIL, SUITE 200
 BOCA RATON FL 33431

Mailing Address
 2500 MILITARY TRAIL, SUITE 200
 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/02/1998

4. FEI Number

65-0841681

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 owes the current year
 Intangible Personal Property.

Yes No

21. Suite, Apt #, etc

26. Suite, 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

10. Name and Address of New Registered Agent

~~CORPORATION COMPANY OF MIAMI
 201 S BISCAYNE BLVD
 4000 MIAMI CENTER
 MIAMI FL 33141~~

81 Name

Henry A. Fricke, Esq.

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

2500 Military Trail, Suite 200

83

84 City

Boca Raton

FL

85 Zip Code
 33431

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

9/24/99

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

1. TITLE [] DELETE

2. NAME [] DELETE

3. STREET ADDRESS [] DELETE

4. CITY-ST-ZIP [] DELETE

5. TITLE [] DELETE

6. NAME [] DELETE

7. STREET ADDRESS [] DELETE

8. CITY-ST-ZIP [] DELETE

9. TITLE [] DELETE

10. NAME [] DELETE

11. STREET ADDRESS [] DELETE

12. CITY-ST-ZIP [] DELETE

13. TITLE [] DELETE

14. NAME [] DELETE

15. STREET ADDRESS [] DELETE

16. CITY-ST-ZIP [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, T, S and D [X] Change [] Addition

1.2 NAME Anthony V. Pugliese, III

1.3 STREET ADDRESS 2500 Military Trail, Suite 200

1.4 CITY-ST-ZIP Boca Raton, FL 33431

2.1 TITLE [] Change [] Addition

2.2 NAME 600003008196--8

2.3 STREET ADDRESS -10/07/99--01022--004

2.4 CITY-ST-ZIP ***550.00 ***550.00

3.1 TITLE [] Change [] Addition

3.2 NAME [] Change [] Addition

3.3 STREET ADDRESS [] Change [] Addition

3.4 CITY-ST-ZIP [] Change [] Addition

4.1 TITLE [] Change [] Addition

4.2 NAME [] Change [] Addition

4.3 STREET ADDRESS [] Change [] Addition

4.4 CITY-ST-ZIP [] Change [] Addition

5.1 TITLE [] Change [] Addition

5.2 NAME [] Change [] Addition

5.3 STREET ADDRESS [] Change [] Addition

5.4 CITY-ST-ZIP [] Change [] Addition

6.1 TITLE [] Change [] Addition

6.2 NAME [] Change [] Addition

6.3 STREET ADDRESS [] Change [] Addition

6.4 CITY-ST-ZIP [] Change [] Addition

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

SIGNATURE:

Signature and typed or printed name of signing officer or director: Anthony V. Pugliese, III 9/24/99 Date (561)997-6666 Doc# 98000049110

CR2E034 (5/99)