

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S04075 (5)

1. Corporation Name
AVM & B, INC.



Principal Place of Business
4939 N UNIVERSITY DRIVE
LAUDERHILL FL 33351

Mailing Address
4939 N UNIVERSITY DRIVE
LAUDERHILL FL 33351

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

WITLIN, BARRY E.
2800 BISCAYNE BLVD.
SUITE 900
MIAMI FL 33137

New Agent

3. Date Incorporated or Qualified
09/24/1990

3a. Date of Last Report
04/20/1995

4. FEI Number
65-0214806

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

81 Name

WITLIN BARRY

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

1800 S. Pine Island Rd.

83

Suite 230

84 City

Plantation

FL

85 Zip Code

33324

11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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 term change)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	SPELLBERG, ARLENE	
STREET ADDRESS	1741 N.W. 97 TERR.	
CITY-STATE-ZIP	PLANTATION FL 33322	
TITLE	D	☐ DELETE
NAME	SPELLBERG, VICTOR	
STREET ADDRESS	1741 N.W. 97 TERR.	
CITY-STATE-ZIP	PLANTATION FL 33322	
TITLE	VTS	☐ DELETE
NAME	SPELLBERG, VICTOR	
STREET ADDRESS	1741 N.W. 97 TERR.	
CITY-STATE-ZIP	PLANTATION FL 33322	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	☐ Change ☐ Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	☐ Change ☐ Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	☐ Change ☐ Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	☐ Change ☐ Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	☐ Change ☐ Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vic Spellberg Vic Spellberg

DATE

4/7/96

DATE PHONE

954 748-2100

CR2E034 (12/95)