

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified 12/26/1990 3a. Date of Last Report 03/29/1994

4. FEI Number 98-0114972 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 2a. Mailing Address
21 500 3 ISLANDS BLVD 26 500 3 ISLANDS BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 # M-18 27 # M-18
City & State City & State
23 HALLANDALE, FL 28 HALLANDALE, FL
Zip Country Zip Country
24 33009 25 BROWARD 29 33009 30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTH, MITCHEL W
2020 NE 163RD ST
SUITE 300
N MIAMI BEACH FL 33162

81 Name Jeffrey Klein
82 Street Address (P.O. Box Number is Not Acceptable) 2600 N. MILITARY TRAIL
83 # 270
84 City Boca Raton FL 85 Zip Code 33434

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 607.0305, Florida Statutes.

SIGNATURE

Signature of type of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME TED GOLDMAN
STREET ADDRESS 2020 NE 163RD STREET
CITY-ST-ZIP N MIAMI BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PISITID ☒ Change ☐ Addition
1.2 NAME TED GOLDMAN
1.3 STREET ADDRESS 500 3 ISLANDS BLVD # M-18
1.4 CITY-ST-ZIP HALLANDALE, FL 33009
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(b), 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 007, 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

TED GOLDMAN

3/13/95 (305) 458-0479