

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S44698** (6)

1. Corporation Name
1095 N.W. 183RD STREET, INC.



Principal Place of Business
**19801 NW 7 CT
NORTH MIAMI FL 33169-3173**

Mailing Address
**19801 NW 7 CT
NORTH MIAMI FL 33169-3173**

3. Date Incorporated or Qualified 04/08/1991	3a. Date of Last Report 04/21/1995
4. FEI Number 65-0256085	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
---	--

9. Name and Address of Current Registered Agent

**TRESCOTT, ROBERT L.
201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

11. Pursuant to the provisions of Sections 607.0509 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12.1 NAME DPST DANIEL, MARY LOUISE	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS 19801 NW 7 CT	
12.3 CITY-STATE-ZIP NORTH MIAMI FL 33169-3173	
12.4 NAME	<input type="checkbox"/> DELETE
12.5 STREET ADDRESS	
12.6 CITY-STATE-ZIP	
12.7 NAME	<input type="checkbox"/> DELETE
12.8 STREET ADDRESS	
12.9 CITY-STATE-ZIP	
12.10 NAME	<input type="checkbox"/> DELETE
12.11 STREET ADDRESS	
12.12 CITY-STATE-ZIP	
12.13 NAME	<input type="checkbox"/> DELETE
12.14 STREET ADDRESS	
12.15 CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	

14. I 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: *Mary Louise Daniel* Mary Louise Daniel President 1/20/96 (305) 6525289

CR2E034 (12/95)