

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

CORPORATION  
ANNUAL REPORT  
1995



DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S48880**

(6)

PURPLE MOUNTAIN PARTNERS, INC.

APPROVED  
FILED

05 MAY 11 1997  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Office of Corporation: 3111 FORTUNE WAY SUITE B-18 WEST PALM BEACH FL 33414  
 Mailing Address: 3111 FORTUNE WAY SUITE B-18 WEST PALM BEACH FL 33414

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualified		3a. Date of Last Report	
04/30/1991		05/01/1994	
4. FEI Number		Applied For	
65-0270043		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. This corporation has failed to file a report as required by Florida Statute		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. Principal Office of Corporation	22. Mailing Address	23. City & State	24. City & State
25. City & State	26. City & State	27. City & State	28. City & State
29. City & State	30. City & State		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BERKOWITZ, JEFFREY L. 2665 S. BAYSHORE DR SUITE 1200 COCONUT GROVE FL 33133		B1. Title B2. Street Address (P.O. Box Number is Not Acceptable) B3. B4. City B5. State	
		FL	

11. Pursuant to the provisions of Sections 607.01, 607.02 and 607.03 of the Florida Statutes, the above named corporation, submit 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 responsibilities of such position as set forth in Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
TITLE: DVP NAME: PERTNOY, RONNIE STREET ADDRESS: 3111 FORTUNE WAY, B-18 CITY AND STATE: WEST PALM BEACH FL	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY AND STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: DP NAME: BERKOWITZ, JEFFREY STREET ADDRESS: 2665 S BAYSHORE DR #1200 CITY AND STATE: MIAMI FL	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY AND STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: DVP NAME: MIOT, SANDY STREET ADDRESS: ONE SE 3RD AVE 15TH FL CITY AND STATE: MIAMI FL	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY AND STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: DS NAME: SHAPIRO, STEVEN STREET ADDRESS: 3111 FORTUNE WAY, B-18 CITY AND STATE: WEST PALM BCH FL	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY AND STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: DT NAME: BERKOWITZ, RICHARD STREET ADDRESS: ONE SE 3RD AVE 15TH FL CITY AND STATE: MIAMI FL	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY AND STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY AND STATE: _____	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY AND STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information requested with the filing is completely furnished and is true and correct, for the corporation stated in Section 1302 of the Florida Statutes. I further certify that the information submitted on the annual report or biennial report is true and accurate and that my signature shall have the same legal effect as if made in person. That any officers or directors of this corporation, the officers or trustees designated to execute this report as required by Florida Statutes, and that my name appears in Block 13 of this report are all authorized to do so with my authority.

SIGNATURE: *[Signature]* Steve Shapiro  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR