

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 30 AM 8: 17

DOCUMENT # **S67183** (1)

1. Corporation Name
819 ASSOCIATES, INC.

| | |
|--|--|
| Principal Place of Business POST OFFICE DRAWER 1929 DELRAY BEACH FL 33447-1929 | Mailing Address POST OFFICE DRAWER 1929 DELRAY BEACH FL 33447-1929 |
|--|--|

DO NOT WRITE IN THIS SPACE.

| | |
|--|--|
| 3. Date Incorporated or Qualified 07/18/1991 | 3a. Date of Last Report 05/01/1994 |
|--|--|

| | |
|------------------------------------|--|
| 4. FEI Number 65-0407878 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| |
|--|
| B. 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 | 2a. Mailing Address |
|--------------------------------|---------------------|

| | |
|-------------------------|-------------------------|
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
|-------------------------|-------------------------|

| | |
|------------------|------------------|
| 22. City & State | 27. City & State |
|------------------|------------------|

| | | | |
|---------|-------------|---------|-------------|
| 23. Zip | 25. Country | 29. Zip | 30. Country |
|---------|-------------|---------|-------------|

9. Name and Address of Current Registered Agent

**FERBER, PAUL S
1032 E. ATLANTIC AVE.
REAR ENTRANCE
DELRAY BCH. FL 33483**

10. Name and Address of New Registered Agent

| | |
|--|--------------|
| B1. Name | B5. Zip Code |
| B2. Street Address (P.O. Box Number is Not Acceptable) | FL |
| B3. | |
| B4. City | |

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

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------------|
| TITLE | D |
| NAME | FERBER, PAUL S. |
| STREET ADDRESS | P. O. DRAWER 1929 N/A |
| CITY - ST - ZIP | DELRAY BEACH FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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, changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul S. Ferber
PAUL S. FERBER

Title

(Within Three 3

(407) 272-3197