

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **S82796** (1)

1. Corporation Name  
**36 STREET ASSOCIATES, INC.**



Principal Place of Business: **1111 KANE CONCOURSE, SUITE 400 BAY HARBOR ISLANDS FL 33154**  
Mailing Address: **1111 KANE CONCOURSE, SUITE 400 BAY HARBOR ISLANDS FL 33154**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. <b>SAKOWITZ, ALAN</b>	<b>09/26/1991</b>	<b>08/15/1995</b>
22. City & State	27. <b>1111 KANE CONCOURSE ST #401</b>	4. FEI Number	Applied For
23. Zip	28. <b>Bay Harbor Islands, FL3</b>	<b>65-0300616</b>	Not Applicable
24. Country	29. <b>33154</b>	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
25. Country	30. <b>USA.</b>	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
g. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SAKOWITZ, ALAN 1111 KANE CONCOURSE, SUITE 401 BAY HARBOR ISLANDS FL 33154</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
		85. Zip Code	

11. Pursuant to the provisions of Sections 607.0532 and 607.1509, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P GREENBOIM, YEHESKEL</b>	1.2 NAME	
STREET ADDRESS	<b>1111 KANE CONCOURSE, SUITE 400</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAY HARBOR ISLANDS FL 33154</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GREENBOIM, ABRAHAM D</b>	2.2 NAME	<b>D GREENBOIM ABRAHAM</b>
STREET ADDRESS	<b>1111 KANE CONCOURSE #400</b>	2.3 STREET ADDRESS	<b>1111 KANE CONCOURSE ST #400</b>
CITY-ST-ZIP	<b>BAY HARBOR ISLANDS 33154</b>	2.4 CITY-ST-ZIP	<b>BAY HARBOR ISLANDS FL 33154</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 officer 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: \_\_\_\_\_ DATE: **2/2/96** TELEPHONE: **305-232-7777**

CR2E034 (12/95)