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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S96342** (8)
1. Corporation Name
ANDREWS AND COPANS SERVICE, INC.



Principal Place of Business
**1231 W. COPANS RD.
POMPANO BEACH FL 33064**

Mailing Address
**1231 W. COPANS RD.
POMPANO BEACH FL 33064-2204**

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/25/1991 | 3a. Date of Last Report 06/03/1996 |
| 4. FEI Number 65-0300324 | Applied For <input type="checkbox"/> 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 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
**KALICHMAN, NATHAN
1231 W. COPANS RD.
POMPANO BEACH FL 33064**

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|--|
| 10. Name and Address of New Registered Agent 81 Name Kalichman Nathan 82 Street Address (P.O. Box Number is Not Acceptable) 21464 TOWN LAKES DR # 724 83 84 City BOCA RATON FL 85 Zip Code 33486 |
|--|

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D KALICHMAN, NATHAN |
| STREET ADDRESS | 1231 W. COPANS RD. |
| CITY-ST-ZIP | POMPANO BEACH FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D BENDOIM, ESTHER |
| STREET ADDRESS | 1231 W. COPANS RD. |
| CITY-ST-ZIP | POMPANO BEACH FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D BENDOIM, JACOB |
| STREET ADDRESS | 1231 W. COPANS RD. |
| CITY-ST-ZIP | POMPANO BEACH FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 LE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 ME | |
| 1.3 STREET ADDRESS | |
| 1.4 Y-ST-ZIP | |
| 2.1 LE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 ME | |
| 2.3 STREET ADDRESS | |
| 2.4 Y-ST-ZIP | |
| 3.1 LE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 ME | |
| 3.3 STREET ADDRESS | |
| 3.4 Y-ST-ZIP | |
| 4.1 LE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 ME | |
| 4.3 STREET ADDRESS | |
| 4.4 Y-ST-ZIP | |
| 5.1 LE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 ME | |
| 5.3 STREET ADDRESS | |
| 5.4 Y-ST-ZIP | |
| 6.1 LE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 ME | |
| 6.3 STREET ADDRESS | |
| 6.4 Y-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), 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: *Brenda Corbin* 02/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)