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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUI	MENT # V20 1	103	(0)								
Corporation UNITI	n Name ED FAMILY INVESTMENT	S, INC.	()								
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Principal Place	of Business	M	lailing Address					- I 10616 BIIDIO 11041 BUIDI 11041 U	IADO IAIX DI	(B)) B(B)) B(B))	DIGHT BIBIT BIBIT FOOT
11027 N.W. 7TH ST CORAL SPRINGS FL 33071-5108 US			11027 N.W. 7TH ST CORAL SPRINGS FL 33071 US					,			
								3. Date incorporated or Qualified 03/09/1992	3a. [Date of Last 04/26/	
2. Principal Pla	ace of Business	2a. 26	Mailing Address					4. FET Number 65-0318813			Applied For Not Applicable
Suite, Apt. #, etc. 27			Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additional e Required	
City & State 28			City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be		
Zip	Country	Zip Country			·-		This corporation has liability for intangible tax under s 199.0				
24	25 9. Name and Address of Curr	29 ent Regis	tered Agent	30	1			Florida Statutes Yes 10. Name and Address of New F	_		
					81	Nan	e		<u> </u>	ou rigoin.	
COHEN, DAVID GIDON 11241 WEST ATLANTIC BOULEVARD					82 Street Add			ss (P.O. Box Number is Not Acceptat	ıle.)		
	L SPRINGS FL 33071	,			83						·
					84	City				85 8	Zip Code
11. Pursuant to	o the provisions of Sections 607.05	02 and 60	7.1508, Florida Statute	s, the abo	ve-r	L named	corpora	tion submits this statement for the pur	Dose of	changing its	registered office
or registere familiar wit	ed agent, or both, in the State of Flo h, and accept the obligations of, Se	orida, Suct ection 607.	i change was authorize 0505, Flonda Statutes.	ed by the c	corp	oration	's tioard	ion submits this statement for the pui of directors. Thereby accept the app	bintment	t as registere	ed agent. I am
SIGNATURE:	Signature, typical or princed name of registered ag							ohan rometahngi			
12.	OFFICERS A			13.	vidia	15.312.0	6 18 (F. 1911)	ADDITIONS/CHANGES TO OFF	CERS A		ORS IN 12
TITLE	D		DELETE	1. 1 T.	TLE		1			Change	Addition
NAME	COHEN, GIDON D	_		1.2 N/	ME						
STHEFT ADDRESS	11241 W. ATLANTIC BLV	D.		1		ADORES	8				
CITY-S1-ZIP TITLE	CORAL SPRINGS FL D		☐ DELETE	1.4 CI		I - ZIF	· · · · · ·			Co.ses	
NAME	COHEN, MAZEL				2 1 THLF 22 NAME					☐ Change	Addition
STREFT ADDRESS	361 N. ALTAVISTA BLVD.					ADDRES:					
City-St-ZiP	LOS ANGELES CA			24 CI							
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NAME				3.2 NA	M		+				
STHEEL ADDRESS				33 SI	13381	ADDRES	s				
CITY-ST-ZIP				3.4.00		T ZIP				· · · <u>· · · · · · · · · · · · · · · · </u>	
TITLE NAME			☐ DELE1E	4. U Ti			ľ			Change	Addition
STHEET ADDRESS				42 NA		100440	.				
CITY ST-ZIP				4 3 5 I		ADDRESS	·				
TITLE			DELFTE	5 1 Ti		1. 211				Change	Addition
NAME				5 2 NA							
STREET ADDRESS						ADDRESS	;				
CITY - ST - ZIP				5400	Y-S!	1 - 7IP					
TIFLE			□} DELETE	6 1 11	:LF					☐ Change	Addition
NAME				6 2 N 4	Μŧ						
STREET ADDRESS				€351	REFT	ADDRESS	.				
CHY-SI-ZIP 14. Ldo hereby	certify that the information supplied	with this	filma is voluntarily furnic	6 4 Cill short and c	Y SI	ZIP	lality for	the exemption stated in Section 119.	75131117	Elorido Ctot	Ann I fordio

4. 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 logal effect as if made under oath; that I am an officer or directory 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 on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

41/96

934 755 8/42 Daylor e Patrice #