

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **K83806** (5)

1. Corporation Name
MR. SID OF PALM BEACH, INC.



Principal Place of Business: **331 WORTH AVENUE PALM BEACH FL 33480**
 Mailing Address: **331 WORTH AVENUE PALM BEACH FL 33480**

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26 1211 Centre Street		04/26/1989	06/30/1995
Suite, Apt #, etc.		Suite, Apt #, etc.	4. FEI Number	Applied For
22		27 Newton	65-0148358	<input type="checkbox"/> Not Applicable
City & State		City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28 Newton, MA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29 02159	30 USA	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ZABLUDOWSKI, DANIEL A. LITOW, LUTLER, & ZABLUDOWSKI 2 SOUTH BISCAYNE BLVD, SUITE 3100 MIAMI FL 33131		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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: _____ (Print Name, Title, and Address of Agent, if Applicable) (Print Name, Title, and Address of Agent, if Applicable) (Print Name, Title, and Address of Agent, if Applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGEL, IRA M.	1.2 NAME	
STREET ADDRESS	1211 CENTRE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEWTON CENTRE MA	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGEL, STUART	2.2 NAME	
STREET ADDRESS	1211 CENTRE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWTON CENTRE MA	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIALKOW, JAY L.	3.2 NAME	
STREET ADDRESS	100 FEDERAL ST. 33RD FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGEL, STUART	4.2 NAME	
STREET ADDRESS	1211 CENTRE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWTON CENTRE MA	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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Stuart Segel* **Stuart Segel** 01/19/96 (617) 964-4540
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Yr

CR2E034 (3/96)