

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

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Carole B. Mumford  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

MAY 11 1995

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 666676 (2)**  
1. Corporation Name  
**T-21, CORP.**

Principal Office Address: **6853 S.W. 18TH STREET, SUITE #M-110 BOCA RATON FL 33433**  
Mailed Address: **6853 S.W. 18TH STREET, SUITE #M-110 BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized: **04/14/1980**  
3a. Date of Last Report: **04/19/1994**

2. Principal Office Address	2b. Mailed Address	4. FIC Number	Applied Fee
<b>21</b>	<b>26</b> 200 E. Las Olvas Blvd	<b>59-2242806</b>	Not Applicable
County	County	5. Certificate of Status Desired	\$8.75 Additional Fee Required
<b>22</b>	<b>27</b> STE. 100	<input type="checkbox"/>	
City	City	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>23</b>	<b>28</b> Ft. Lauderdale, FL	<input type="checkbox"/>	
State	State	8. This corporation has liability for intangible tax under S. 199.132	
<b>24</b>	<b>29</b> 33301	Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Zip		
<b>25</b>	<b>30</b>		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**FRANKEL, FRED  
6853 S.W. 18TH STREET, SUITE #M-110  
BOCA RATON FL 33433**

<b>81</b> Name	<b>85</b> Zip Code
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>

11. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

SIGNATURE

<b>12. OFFICERS AND DIRECTORS</b>	<b>13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS</b>
NAME: <b>PD FRANKEL, FRED</b> ADDRESS: <b>6853 SW 18TH ST #M-110 BOCA RATON FL</b> CITY: <b>BOCA RATON</b> STATE: <b>FL</b> ZIP: <b>33433</b>	
NAME: <b>DS FRANKEL, HENRIETTA</b> ADDRESS: <b>6853 SW 18TH ST #M-110 BOCA RATON FL</b> CITY: <b>BOCA RATON</b> STATE: <b>FL</b> ZIP: <b>33433</b>	
NAME: <b>FRANKEL, FRED</b> ADDRESS: <b>6853 SW 18TH ST #M-110 BOCA RATON FL</b> CITY: <b>BOCA RATON</b> STATE: <b>FL</b> ZIP: <b>33433</b>	
NAME: <b>FRANKEL, HENRIETTA</b> ADDRESS: <b>6853 SW 18TH ST #M-110 BOCA RATON FL</b> CITY: <b>BOCA RATON</b> STATE: <b>FL</b> ZIP: <b>33433</b>	
NAME: <b>FRANKEL, FRED</b> ADDRESS: <b>6853 SW 18TH ST #M-110 BOCA RATON FL</b> CITY: <b>BOCA RATON</b> STATE: <b>FL</b> ZIP: <b>33433</b>	
NAME: <b>FRANKEL, HENRIETTA</b> ADDRESS: <b>6853 SW 18TH ST #M-110 BOCA RATON FL</b> CITY: <b>BOCA RATON</b> STATE: <b>FL</b> ZIP: <b>33433</b>	
NAME: <b>FRANKEL, FRED</b> ADDRESS: <b>6853 SW 18TH ST #M-110 BOCA RATON FL</b> CITY: <b>BOCA RATON</b> STATE: <b>FL</b> ZIP: <b>33433</b>	
NAME: <b>FRANKEL, HENRIETTA</b> ADDRESS: <b>6853 SW 18TH ST #M-110 BOCA RATON FL</b> CITY: <b>BOCA RATON</b> STATE: <b>FL</b> ZIP: <b>33433</b>	
NAME: <b>FRANKEL, FRED</b> ADDRESS: <b>6853 SW 18TH ST #M-110 BOCA RATON FL</b> CITY: <b>BOCA RATON</b> STATE: <b>FL</b> ZIP: <b>33433</b>	
NAME: <b>FRANKEL, HENRIETTA</b> ADDRESS: <b>6853 SW 18TH ST #M-110 BOCA RATON FL</b> CITY: <b>BOCA RATON</b> STATE: <b>FL</b> ZIP: <b>33433</b>	
NAME: <b>FRANKEL, FRED</b> ADDRESS: <b>6853 SW 18TH ST #M-110 BOCA RATON FL</b> CITY: <b>BOCA RATON</b> STATE: <b>FL</b> ZIP: <b>33433</b>	
NAME: <b>FRANKEL, HENRIETTA</b> ADDRESS: <b>6853 SW 18TH ST #M-110 BOCA RATON FL</b> CITY: <b>BOCA RATON</b> STATE: <b>FL</b> ZIP: <b>33433</b>	

14. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

**SIGNATURE:** SIGNATURE AND TYPED OR PRINTED NAME OF RECORDS OFFICER OR DIRECTOR

**FRED FRANKEL, PRESIDENT**

5/1/95 305-261-4797