

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L95640 (3)

1. Corporation Name
A1A CORNER OF JOHNSON STREET REAL ESTATE CORP.



Principal Place of Business: **349 JOHNSON STREET HOLLYWOOD BEACH FL 33019**
Mailing Address: **349 JOHNSON STREET HOLLYWOOD BEACH FL 33019**

3. Date Incorporated or Qualified: **08/24/1990**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0220023	Not Applicable
22	23	27	28	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
	Zip		Zip			

9. Name and Address of Current Registered Agent

**LEVY, SHAUL
C/O WINGS
349 JOHNSON STREET
HOLLYWOOD BEACH FL 33019**

10. Name and Address of New Registered Agent

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

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Pres
NAME	LEVY, SHAUL	1.2 NAME	Shaul Levy
STREET ADDRESS	48-49 35TH STREET	1.3 STREET ADDRESS	18 East 42nd Street
CITY-ST-ZIP	LONG ISLAND CITY NY	1.4 CITY-ST-ZIP	New York, NY 10017
TITLE	VP	2.1 TITLE	Vice Pres
NAME	LEVY, MEIR	2.2 NAME	Meir Levy
STREET ADDRESS	48-49 35TH STREET	2.3 STREET ADDRESS	18 East 42nd St
CITY-ST-ZIP	LONG ISLAND CITY NY	2.4 CITY-ST-ZIP	NY NY 10017
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96

Date

Daytime Phone #

CR2E034 (12/95)