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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **683240** **(6)**

1. Corporation Name
MARSHALL J. LANGER, P.A.

Principal Place of Business	Mailing Address
1600 MIAMI CENTER 201 S BISCAYNE BLVD MIAMI FL 33131	1600 MIAMI CENTER 201 S BISCAYNE BLVD MIAMI FL 33131-4332

3. Date Incorporated or Qualified: 08/27/1980
3a. Date of Last Report: 05/23/1996

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 59-2021172 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
1600 MIAMI CENTER
201 S BISCAYNE BLVD
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 _____ DATE
Signature required for the name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	LANGER, CAROLE W	1.2 NAME	
STREET ADDRESS	~~43 UPPER GROSVENOR ST.~~	1.3 STREET ADDRESS	43 UPPER GROSVENOR ST
CITY-ST-ZIP	LONDON, ENGLAND	1.4 CITY-ST-ZIP	
TITLE	PTD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	LANGER, MARSHALL J.	2.2 NAME	
STREET ADDRESS	~~43 UPPER GROSVENOR ST.~~	2.3 STREET ADDRESS	43 UPPER GROSVENOR ST
CITY-ST-ZIP	LONDON, ENGLAND	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHADE, ROSEMARIE S	3.2 NAME	
STREET ADDRESS	EUROPA BLVD 59	3.3 STREET ADDRESS	
CITY-ST-ZIP	AMSTERDAM, NETHERLAND	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	DAMSKY, GERALD D	4.2 NAME	
STREET ADDRESS	~~6856 TOWN CENTER ROAD~~	4.3 STREET ADDRESS	2295 CORPORATE BLVD NW
CITY-ST-ZIP	BOCA RATON FL ~~33486~~	4.4 CITY-ST-ZIP	33431
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the 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: _____ MARSHALL J LANGER 2/14/97 305/379 9130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0179813