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Jan 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F80333 (0)

1. Corporation Name
CHARLES P. SHENKER, P.A.



Principal Place of Business: 1550 NE MIAMI GARDENS DR., STE 404 NORTH MIAMI BEACH FL 33179
Mailing Address: 1550 NE MIAMI GARDENS DR., STE 404 NORTH MIAMI BEACH FL 33179-4836

3. Date Incorporated or Qualified: 05/07/1982
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21150 BISCAYNE BLVD, Suite # 208, AVENTURA, FLORIDA 33180
2a. Mailing Address: 21150 BISCAYNE BLVD, Suite # 208, AVENTURA, FLORIDA 33180
4. FEI Number: 59-2179909
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent: SHENKER, CHARLES P., 1550 NE MIAMI GARDENS DR #404, NORTH MIAMI BCH. FL
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box, etc., Not Applicable): 21150 BISCAYNE BLVD # 208, 83, 84 City: AVENTURA, FL 85 Zip: 33180

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: _____

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-St-Zip.

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: [Signature] 1/19/97 (305) 705-0561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CHARLES SHENKER, P.A.

CR2E034 (9/96)