FIL[redacted]W: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L48569** **(2)**

1. Corporation Name

ELIZABETH BAUER EGOROFF, P.A.

Principal Place of Business	Mailing Address
5340 CENTRAL AVENUE #D ST PETERSBURG FL 33707-6130 US	C/O MICHAEL B. BROWN ONE BEACH DR SE STE 205 ST PETERSBURG FL 33701 US

3. Date Incorporated or Qualified: 02/02/1990
3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-2988714 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 926 16th St. N.	26 926 16th St. N.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: St. Petersburg	28 City & State: St. Petersburg
24 Zip: 33705-1211	29 Zip: 33705-1211
25 Country: Pinellas	30 Country: Pinellas

9. Name and Address of Current Registered Agent

BROWN, MICHAEL B.
ONE BEACH DRIVE SE SUITE 205
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: Michael B. Brown
82 Street Address (P.O. Box Number is Not Acceptable): 2959 First Avenue North
83
84 City: St. Petersburg **FL** 85 Zip Code: 33713

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: [signature] (MICHAEL B. BROWN) 2/28/96
Signature, typed or printed name of registered agent and if applicable the officer (NOTE: Required when reinstated) Date required when reinstated)
REGISTERED AGENT

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LISA RAPHAEL, M.S. ELIZABETH BAUER EGOROFF, P.A. 926 16th Street N. St. Petersburg, FL 33705-1211	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	300001793303 -04/24/96--01085--009 ***200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	300001793303 -04/24/96--01085--009 ***61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 4-20-96

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: Lisa Raphael (LISA RAPHAEL) 4-5-96 813/327-5528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)