## FILE NOW: FILING FEE AFTER MAY 1 IS \$55D.00

CORPORATION **ANNUAL REPORT** 

1997

ERVO & PARKS, P.A.

incipal Place of Business

AN MADDIONAL OT OTE 303



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # M56671

Mailing Address 1040 HADDISON ST. STE 202

(4)

**FILED** May 02 1997 8:00am Secretary of State



OLLYWOOD FL 33020			HOLLYWOOD FL 33020-5073					
						3. Date Incorporated or Qualified 08/04/1987	3a. Date of Last Repor 08/01/1996	1
, Principal F	Place of Business	2a, Mailing A	2a. Mailing Address			4. FEI Number	Applied	d For
ı		26	26			65-0003754	Not Ap	plicable
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired Section Status Desired Fee Required		
City & Star	1e	City & St	ate			6. Election Campaign Financing	<b>\$5.00</b> May	/ Be
23		28				Trust Fund Contribution	Added to Fe	es .
Zip				— Gountry ı	This deliporation has hashing for manights day and or or to too.			).032,
24	25   29   30   9. Name and Address of Current Registered Agent			30		Florida Statutes Yes No		
BAE		urrent Registered Age	nt	81	I Name	10. Name and Address of New Re	sistered Agent	
	RKS, STEVEN N.			81	Name			
	O HARRISON ST STE 302				82 Street Address (P.O. Box Number is Not Acceptable)			
HO	LLYWOOD FL 33020							
				83				
				84	,		FL 85 Zip Code	
11. Pursuant office or agent 1	to the provisions of Sections 60: registered agent, or both, in the am familiar with, and accept the	7.0502 and 607 1508, F State of Florida, Such c obligations of, Section (	lorida Statute hange was at 307.0505, Flor	s, the abov uthorized b ida Statute	e-named corpora the corpora s.	poration submits this statement for the p ition's board of directors. I hereby accep	urpose of changing its reg t the appointment as regi	gistered stered
SIGNATURE							D.127	
	Signature, typed or printed name of register	ied agent and tille if applicable. S AND DIRECTORS	(NOTE	Registered Ag	ent signature requi	ired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE.	112
TITLE	T DP		J DELETE	13.		ADDITIONS/CHANGES TO OFFIC		Addition
199 t	PARKS, STEVEN N.	<b>Ļ.</b> .	J DECENE	12 NAME			_ Onungo _	Tradition
NAME	4040 HADDIOON OTDEET	SUITE 302			ADDRESS			
STREET ADDRESS	HOLLYWOOD FL	002 002	, 2 002					
YCITY-ST-ZIP	DVP	·	DELETE	1.4 CITY- : 2.1 TITLE	ol - ZIF		Change	Addition
NAME	CUERVO, DIANA R	L	J DULLING	2.2 NAME			CT Outube C	171001(10)1
+ %	JAMA LIADDIOON OFFICET	SUITE 302		2.3 \$18EF	ADDDLCC			
STREET ADDRESS	HOLLYWOOD FL 33020	V0.172 VV2						
CITY-ST-ZIP TITLE	110221110001100010		DELETE	2, 4 C/TY-	51 - 211		Change	Addition
NAME		_	_ 0.011.02	3.2 NAME				, , , , , , , , , , , , , , , , , , , ,
				3.3 STREE	ADDOCCO			
STREET ADDRESS				3.3.51HE				
CITY-ST-ZIP		<del>-</del>	].DELETE	4 1 1HLE	01-14		Change	Addition
NAME		L		4 2 NAME			<u></u>	
STREET ADDRESS					ADDRESS			
1								
CITY-ST-ZIP			DELETE	4.4 CiTY - : 5.1 TiTLE	01-78:		Change	Addition
NAME		Ĺ	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5.2 NAME			vgo	
STREET ADDRESS					ADDRESS			
1.6				5.4 CITY -	- 1			
CITY-ST-ZIP			DELETE	6.1 TITLE	DI-ZIP		Change	Addition
NAME		Ļ		6.2 NAME				
					F ADDRESS			
STREET ADDRESS				6.3 STREE	ALVARE 22			

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.