

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N43784** (0)

1. Corporation Name

THE SOUTH FLORIDA SOFTDENT USERS GROUP, INC.



Principal Place of Business: 1051 N 35TH AVE, SUITE 202, HOLLYWOOD FL 33021-5462
Mailing Address: 1051 N 35TH AVE, SUITE 202, HOLLYWOOD FL 33021-5462

3. Date Incorporated or Qualified: 06/10/1991
3a. Date of Last Report: 02/20/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0279410	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORDON, HARVEY P DDS
1051 N 35TH AVE
SUITE 202
HOLLYWOOD FL 33021-5462

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Harvey P. Gordon* DATE: 3/25/96
Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP SIEGEL, ARNOLD	1.1 TITLE	DP Knoller, JAY
NAME	6427 LAKE WORTH RD	1.2 NAME	1236 Royal Palm Bch Blvd
STREET ADDRESS	LAKE WORTH FL	1.3 STREET ADDRESS	Royal Palm Bch, FL 33411
CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV KNOLLER, JAY	2.1 TITLE	DV SELZ, ROBERT
NAME	1236 ROYAL PALM BEACH BLVD	2.2 NAME	2500 Hallandale Bch Blvd #700
STREET ADDRESS	ROYAL PALM BEACH FL	2.3 STREET ADDRESS	Hallandale, FL 33009
CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DT SELZ, ROBERT	3.1 TITLE	DT EISENBERG, ROBERT
NAME	2500 E HALLANDALE BCH BLVD #700	3.2 NAME	2200 W Glades Rd Ste 610
STREET ADDRESS	HALLANDALE FL	3.3 STREET ADDRESS	Boca Raton, FL 33431
CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE	3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DS KNOLLER, JAY	4.1 TITLE	DS KANOWITZ, STANLEY
NAME	1236 ROYAL PALM BCH. BLVD.	4.2 NAME	8883 Pines Blvd
STREET ADDRESS	ROYAL PALM BCH. FL	4.3 STREET ADDRESS	Pembroke Pines, FL 33024
CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D KNOLL, FREDERICK	5.1 TITLE	
NAME	951 N.E. 167TH ST., SUTIE 208	5.2 NAME	
STREET ADDRESS	N. MIAMI BCH. FL	5.3 STREET ADDRESS	
CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	
TITLE	D GORDON, HARVEY	6.1 TITLE	
NAME	1051 N. 35TH AVE., SUITE 202	6.2 NAME	
STREET ADDRESS	HOLLYWOOD FL	6.3 STREET ADDRESS	
CITY - ST - ZIP	<input type="checkbox"/> DELETE	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Harvey P. Gordon* DATE: 3/25/96 DAYTIME PHONE #: 954 963-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: HARVEY P. GORDON

CR2E037 (12/95)