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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P92000004287	(8)
1 Corporation Name		` '

STUART L. BURIN AND ASSOCIATES, P.A.

			ALTERNA ALTERNA (N. 1. ALTERNA (
Principal Place	of Business	Mailing Address		1 14411441 114 19114 11611 98111 98	00 /12 80/11 88	*** *****	(C) C C C C C C C C C	
2700 W CYPRESS CREEK RD SUITE C-110 FT LAUDERDALE FL 33309 US		2700 W CYPRESS CR Suite C-110 Ft lauderdale FL (
		US		 Date Incorporated or Qualified 11/13/1992 	·			
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number			pplied For	
21		26		65-0369730			ot Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		•	Additional equired	
City & State)	City & State		6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for Florida Statutes X Y	or intangible to es \[\] No	ax under s 1	199.032,	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New	Registered	Agent		
			81 Name					
	STUART L CPA CYPRESS CREEK RD		12 Street	Address (P.O. Box Number is Not Accept	able)			
SUITE C			3				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
FT LAUD	DERDALE FL 33309		1 City		FL	85 Zip	Code	
or registers	to the provisions of Sections 607.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authori	zed by the oration's	orporation submits this statement for the p board of directors. I hereby accept the ap	ourpose of ch opointment as	anging its re registered a	gistered office agent. I am	
SIGNATURE								
	Signature, typed or printed nanle of registered agree			required when reinstating)	DATE	> DIDEOTOS	NO IN 10	
12. TITLE		ND DIRECTORS	13.	ADDITIONS/CHANGES TO O			S IN 12 Addition	
NAME	DIDIN CTUADT I CDA	[] btttlt	1, 1 T ₁ 1,2 NA			Critariye	□ Mudicion	
STREET ADDRESS	RUBIN, STUART L CPA 2700 W CYPRESS CREEK F	OD OTE CAAO	1.3 STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL	ID SIE CITO	1.4 CITY - ST- ZIP					
TITLE	FI CAUDENDALE FL	DELETE	2.1 TiTLE			Change	Addition	
NAME		C.J ***==**	2 2 NAME		'			
STREET ADDRESS			2.3 STREET ADORESS					
CITY-ST-ZIP			2.4 CITY - ST - ZIP					
TITLE		DELETE	3. 1 TITLE			☐ Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS	f 1				
CITY-ST-ZIP			3 4 CITY-S1-ZIP					
TITLE		DELETE	4. 1 THUE			☐ Change	☐ Addition	
NAME		•	4.2 NAME					
STREET ADDRESS			4 3 STREET ADDRESS					
CITY-ST-ZIP			44 CITY - ST - ZIP					
TITLE		DELETE	5 1 THLE			Change	Addition	
NAME	1		52 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 AUDRESS			6.3 STREET ADDRESS					
CHY-ST-ZIP			6.4 CITY - ST - ZIP					

14. Ido hereby certify that the information supplied with this fiting 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 cath; 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 SOMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: