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Mailing Address 11082 NW 18TH PLACE

PLANTATION FL 33322-3453

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000076301 (9)

DANIEL DRAIZIN, P.A.

Principal Place of Business

11082 NW 18TH PLACE PLANTATION FL 33322

CHLY-ST-ZIP

3. Date Incorporated or Qualified 3a. Date of Last Report 10/26/1993 06/18/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0444133 Not Applicable 21 26 Suite, Apt. #, ctc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country This corporation has liability for intangible under s. 199.032, Florida Statutes Yes No 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered .unt 81 Name DRAIZIN, DANIEL 11082 NW 18TH PLACE 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33322** 83 84 City Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and this if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PD Addition DELETE 1.1 TITLE Change THE DRAIZIN, DANIEL 1.2 NAME 32E034 NAMé 11082 NW 18TH PLACE STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL 33322 1.4 CITY-ST-ZIP CiTY - ST DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE Tille NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP COTY - \$1 - ZIP DELETE Change Addition 4.1 TITLE TODE NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-\$1-72 DELETE Change Addition 51 TITLE TIFLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET AFIDRESS CITY-\$1-20 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME MALAF STREET ADDRESS **6.3 STREET ADDRESS**

I am an efficer 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:

9/88/97 954-497-03

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

6.4 CITY - ST - ZIP