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Apr 01 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000065912 (5)**

1. Corporation Name  
**CHARLES H. LICHTMAN & ASSOCIATES, P.A.**

Principal Place of Business <b>1200 S. PINE ISLAND ROAD</b> <b>SUITE 100</b> <b>PLANTATION FL 33324</b> <b>US</b>	Mailing Address <b>1200 S. PINE ISLAND ROAD</b> <b>SUITE 100</b> <b>PLANTATION FL 33324-4469</b> <b>US</b>
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<b>2. Principal Place of Business</b> <b>21 8211 W. Broward Blvd</b> Suite, Apt. #, etc. <b>22 Suite 310</b> City & State <b>23 Plantation, FL</b> Zip Country <b>24 33324 25 U.S.</b>	<b>2a. Mailing Address</b> <b>26 8211 W. Broward Blvd</b> Suite, Apt. #, etc. <b>27 Suite 310</b> City & State <b>28 Plantation, FL</b> Zip Country <b>29 33324 30 U.S.</b>
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<b>3. Date Incorporated or Qualified</b> <b>09/08/1994</b>	<b>3a. Date of Last Report</b> <b>02/16/1996</b>
<b>4. FEI Number</b> <b>65-0518134</b>	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**LICHTMAN, CHARLES H.**  
**1200 S. PINE ISLAND ROAD**  
**SUITE 100**  
**PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

<b>81 Name</b>	
<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>	<b>8211 W. Broward Blvd.</b>
<b>83 Suite</b>	<b>SUITE 310</b>
<b>84 City</b>	<b>PLANTATION FL</b>
<b>85 Zip Code</b>	<b>33324</b>

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>D</b> <b>NAME</b> <b>LICHTMAN, CHARLES H</b> <b>STREET ADDRESS</b> <b>1200 S. PINE ISLAND ROAD, SUITE 100</b> <b>CITY - ST - ZIP</b> <b>PLANTATION FL</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b> <b>President, Director</b> <b>1.2 NAME</b> <b>LICHTMAN, CHARLES H.</b> <b>1.3 STREET ADDRESS</b> <b>8211 W. BROWARD BLVD., SUITE 310</b> <b>1.4 CITY - ST - ZIP</b> <b>PLANTATION FL 33324</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.1 TITLE</b> <b>Vice President, Director</b> <b>2.2 NAME</b> <b>JOBLove, MICHAEL D.</b> <b>2.3 STREET ADDRESS</b> <b>8211 W. BROWARD BLVD., SUITE 310</b> <b>2.4 CITY - ST - ZIP</b> <b>PLANTATION, FL 33324</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 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:

*Charles H. Lichtman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 17, 1997*  
 Date  
*954-424-9910*  
 Daytime Phone #

0283906

CR2E034 (9/96)