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Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000065912 (5)  
1. Corporation Name  
CHARLES H. LICHTMAN & ASSOCIATES, P.A.



Principal Place of Business: 1200 S. PINE ISLAND ROAD, SUITE 100, PLANTATION FL 33324, US

Mailing Address: 1200 S. PINE ISLAND ROAD, SUITE 100, PLANTATION FL 33324-4469, US

3. Date Incorporated or Qualified: 09/08/1994  
3a. Date of Last Report: 02/16/1996

2. Principal Place of Business: 21 8211 W. Broward Blvd, Suite 310, Plantation, FL 33324, U.S.

2a. Mailing Address: 26 8211 W. Broward Blvd, Suite 310, Plantation, FL 33324, U.S.

4. FEI Number: 65-0518134  
Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  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: 81 Name: LICHTMAN, CHARLES H.; 82 Street Address: 8211 W. Broward Blvd.; 83 Suite 310; 84 City: PLANTATION, FL; 85 Zip Code: 33324

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 Date: March 17, 1997 Daytime Phone #: 954-424-9970

CR2E034 (9/96)