

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S66125** (3)

1. Corporation Name
BSR & ASSOCIATES, INC.



Principal Place of Business: **21830 CYPRESS CIRCLE #D BOCA RATON FL 33433**
Mailing Address: **21830 CYPRESS CIRCLE #D BOCA RATON FL 33433**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **07/15/1991** 3a. Date of Last Report: **04/04/1995**
4. FEE Number: **65-0276960** 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

**RUBIN, BARBARA S.
21830 CYPRESS CIRCLE #D
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable (By the Registered Agent Signature required when changing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE: **D** DELETE
NAME: **RUBIN, BARBARA S.**
STREET ADDRESS: **21830 CYPRESS CIR. #D**
CITY-ST-ZIP: **BOCA RATON FL**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: Change Add on
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:
21 TITLE: Change Add on
22 NAME:
23 STREET ADDRESS:
24 CITY-ST-ZIP:
31 TITLE: Change Add on
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP:
41 TITLE: Change Add on
42 NAME:
43 STREET ADDRESS:
44 CITY-ST-ZIP:
51 TITLE: Change Add on
52 NAME:
53 STREET ADDRESS:
54 CITY-ST-ZIP:
61 TITLE: Change Add on
62 NAME:
63 STREET ADDRESS:
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara Rubin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x4-1-96 x407-482-7518
Date: City/State/Phone #

CR2E034 (12/95)