

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 18 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 # V33703 (2)

1. Corporation Name  
THOMAS G. GUZDA, P.A.



Principal Place of Business  
4992 N PINE ISLAND RD  
2ND FLOOR  
LAUDERHILL FL 33351  
US

Mailing Address  
4992 N PINE ISLAND RD  
2ND FLOOR  
LAUDERHILL FL 33351-5314  
US

3. Date Incorporated or Qualified 05/04/1992  
3a. Date of Last Report 07/02/1996

2. Principal Place of Business  
21 4994 N. PINE ISLAND RD  
Suite, Apt. #, etc.  
22 LAUDERHILL, FL  
City & State  
23 33351  
Zip  
24 USA  
Country

2a. Mailing Address  
26 4994 N. PINE ISLAND RD  
Suite, Apt. #, etc.  
27 LAUDERHILL, FL  
City & State  
28 33351  
Zip  
29 USA  
Country

4. FEI Number 65-0332272  
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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
GUZDA, THOMAS G  
4992 N PINE ISLAND RD, 2ND FLOOR  
3RD FLOOR  
LAUDERHILL FL 33351

10. Name and Address of New Registered Agent  
81 Name THOMAS G. GUZDA  
82 Street Address (P.O. Box Number is Not Acceptable) 4994 N. PINE ISLAND RD  
83  
84 City LAUDERHILL FL 85 Zip Code 33351

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: *Thomas G. Guzda* THOMAS G. GUZDA PRESIDENT 3/14/97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZDA, THOMAS G	1.2 NAME	THOMAS G. GUZDA
STREET ADDRESS	4992 N PINE ISLAND ROAD	1.3 STREET ADDRESS	4994 N. PINE ISLAND RD
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	LAUDERHILL, FL 33351
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 or is changed, or on an attachment with an address.

SIGNATURE: *Thomas G. Guzda* THOMAS G. GUZDA (PRES) 3/14/97 954-741-8565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)