

**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 # L91854**  
1. Corporation Name

**MICHAEL S. WENDROW, P.A.**

Principal Place of Business  
**1005 N.E. 125th Street  
Suite 207/209  
North Miami, FL 33161**

Mailing Address  
**1005 N.E. 125th Street  
Suite 207/209  
North Miami, FL 33161**

3. Date Incorporated or Qualified **07/27/90** 3a. Date of Last Report **01/31/95**

4. FEI Number **65-0225812** 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

2. Principal Place of Business

21. Suite Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

9. Name and Address of Current Registered Agent

**Michael S. Wendrow  
1005 N.E. 125th Street  
Suite 207/209  
North Miami, FL 33161**

11. Pursuant to the provisions of Sections 607.0102 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> DELETE P, T, S, D Michael S. Wendrow		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1005 N.E. 125th Street	STREET ADDRESS	
CITY-ST-ZIP	North Miami, FL 33161	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME	<input type="checkbox"/> DELETE	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME	<input type="checkbox"/> DELETE	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME	<input type="checkbox"/> DELETE	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME	<input type="checkbox"/> DELETE	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**700001784947**  
**-04/18/96--01011--023**  
**\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is 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 in process, execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable as an attachment with an address.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Michael S. Wendrow, President**

44-96 (305) 899-0266  
50-41-17-96

CR2E034 (12/95)