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

Mailing Address

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham (

Secretary of Statl DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # P95000032561 (9)

LAW OFFICES OF DONNA G. GOLDMAN, P.A.

2 S. UNIVERSITY DRIVE STE 319 2 S. UNIVERSITY DRIVE STE 319 PLANTATION FL 33324 PLANTATION FL 33324-3307 3. Date Incorporated or Qualified 3a. Date of Last Report 04/24/1995 01/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0576670 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOLDMAN, DONNA G 2 S. UNIVERSITY DR. #319 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 City Zip Code 11. Pursuant to the previsions 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, typicition perited name of regulared agent and title Alappicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) (96/6) DELETE Change Addition THUE 1.1 TITLE GOLDMAN, DONNA G NAMI 1.2 NAME R2E034 2 S. UNIVERSITY DRIVE STE 319 1.3 STREET ADDRESS STREET ADDRESS. PLANTATION FL 33324 1.4 CITY-ST-ZIP CHY-SI DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-SP-ZIP Cally S1-74P DELETE Change Addition THLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 34. CITY-ST-ZIP C!TY - \$1 - 21P Change DELETE 41 Till F Addition TILLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS Cally-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition THLE 51 TOLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIP

6.1 TITLE 6.2 NAME

SIGNATURE:

CITY - \$1 - 712

STREET ADDRESS

(J14-5)-7P

III.E

NAME

SIGNING OFFICER OF DIRECTOR

DEL ETE

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 angual 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 charged exponsible attachment with an address.

Addition

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***165.00

FILED

Mar 04 1997 8:00am

Secretary of State