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Mar 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **N43784** (0)  
1. Corporation Name  
**THE SOUTH FLORIDA SOFTDENT USERS GROUP, INC.**

Principal Place of Business Mailing Address  
**1051 N 35TH AVE  
SUITE 202  
HOLLYWOOD FL 33021-5462**



3. Date Incorporated or Qualified **06/10/1991** 3a. Date of Last Report **04/02/1996**  
4. FEI Number **65-0279410** 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

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

9. Name and Address of Current Registered Agent

**GORDON, HARVEY P DDS  
1051 N 35TH AVE  
SUITE 202  
HOLLYWOOD FL 33021-5462**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | DP <input type="checkbox"/> DELETE | 1.1 TITLE   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | KNOLLER, JAY                       | 1.2 NAME  |   |
| STREET ADDRESS             | 1236 ROYAL PALM BCH BLVD           | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | ROYAL PALM BCH FL                  | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | DV <input type="checkbox"/> DELETE | 2.1 TITLE   | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SELZ, ROBERT                       | 2.2 NAME  |   |
| STREET ADDRESS             | 2500 HALLANDALE BCH BLVD #700      | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | HALLANDALE FL                      | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | DT <input type="checkbox"/> DELETE | 3.1 TITLE   | DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | EISENBERG, ROBERT                  | 3.2 NAME  |   |
| STREET ADDRESS             | 2200 W GLADES RD SUITE 610         | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | BOCA RATON FL                      | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | DS <input type="checkbox"/> DELETE | 4.1 TITLE   | DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KANOWITZ, STANLEY                  | 4.2 NAME  |   |
| STREET ADDRESS             | 8883 PINES BLVD                    | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | PEMBROKE PINES FL                  | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | KNOLL, FREDERICK                   | 5.2 NAME  |   |
| STREET ADDRESS             | 951 N.E. 167TH ST., SUITE 208      | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | N. MIAMI BCH. FL                   | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | GORDON, HARVEY                     | 6.2 NAME  |   |
| STREET ADDRESS             | 1051 N. 35TH AVE., SUITE 202       | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | HOLLYWOOD FL                       | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harvey P. Gordon* HARVEY P. GORDON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 Feb, 97 954 96

963-3535

CR2E037 (9/96)