

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

**FILED**

**Apr 16 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 # L91854 (4)**  
1. Corporation Name:  
**MICHAEL S. WENDROW, P.A.**



Principal Place of Business: **1005 NE 125TH ST SUITE 207/209 N MIAMI FL 33161**  
Mailing Address: **1005 NE 125TH ST SUITE 207/209 N MIAMI FL 33161 US**

3. Date Incorporated or Qualified: **07/27/1990**  
3a. Date of Last Report: **04/17/1996**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 1125 NE 125 ST. SUITE APT. # ETC. SUITE 100 N. MIAMI FL 33161 DADE**  
2a. Mailing Address: **26 1125 NE 125 ST. SUITE, APT. #, ETC. SUITE 100 N. MIAMI FL 33161 DADE**

9. Name and Address of Current Registered Agent: **WENDROW, MICHAEL S. 1005 NE 125TH ST SUITE 207/209 N MIAMI FL 33161**  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-issuing) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------------|---|---|
| TITLE                      | PSTD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WENDROW, MICHAEL S                   | 1.2 NAME  |   |
| STREET ADDRESS             | 1005 NE 125TH ST SUITE 207/209       | 1.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | N MIAMI FL                           | 1.4 CITY- ST- ZIP                                     |   |
| 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 if changed, or on an addition with an address.

**SIGNATURE:** \_\_\_\_\_ **REQUIRED** **04-11-97** **305-899-0266**  
Date Daytime Phone #

CR2E034 (9/96)