

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

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Jan 21 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 # 485550 (8)

1. Corporation Name
JAMES V. PFEIFFER, P. A.

Principal Place of Business
12177 SO. DIXIE HIGHWAY
MIAMI FL 33156
US

Mailing Address
12177 SO DIXIE HWY
MIAMI FL 33156-5257
US



3. Date Incorporated or Qualified 08/29/1975
3a. Date of Last Report 02/06/1996

2. Principal Place of Business
21 15321 So. Dixie HWY

2a. Mailing Address
26 15340 SW 83rd Avenue

4. FEI Number 59-1616421
Applied For
Not Applicable

Suite, Apt. #, etc.
22 208

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 Miami, Florida

City & State
28 Miami, Florida

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip
24 33157-1814

Zip
29 33157

Country
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PFEIFFER, JAMES V.
15340 S W 83 AVE.
MIAMI FL 33157

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 _____ DATE _____
(NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFEIFFER, JAMES V.	1.2 NAME	
STREET ADDRESS	15340 S W 83 AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFEIFFER, VIRGINIA	2.2 NAME	
STREET ADDRESS	15340 SW 83 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		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		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		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		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 attachment with an address.

SIGNATURE: James V. Pfeiffer James V. Pfeiffer CPA, Pres. 1/E3/97 (305) 378-9922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)