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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 514495

1. Corporation Name

(1)

DRS. MARIANI & BRENNER, P.A.

FILED

Jan 29 1997 8:00am

Secretary of State

									AULU JANI
Principal Place of Business Mailing Address					i 166181 61181 fifth fian fiele seile seil fran fran fran eren eren eren eren eren				
6280 SUNSET DRIVE SUITE 401 SOUTH MIAMI FL 33143		6280 SUNSET DRIVE SUITE 401 SOUTH MIAMI FL 33143-4868							
						3. Date Incorporated or Qualified 10/29/1976		ate of Last Re 26/1996	eport
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For			
21		26			59-1697313 Not Applicable				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22		27					Fee Re		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23 Z _i p	Country	Zip	Cou	intrv		Trust Fund Contribution	intoneible		
24	25	29	30			This corporation has liability for Florida Statutes	Yes [. 199.032,
24	9. Name and Address of Curren		[30]	Γ.		10. Name and Address of New R			
NEU	WAHL, MALCOLM H.			81	Name		T	- 	
	SAN REMO AVE, STE 200			82	Charles	disas (D.O. Day Niyahar in Not Asseste	blo\		
	IAL GABLES FL 33148			02	Street Address (P.O. Box Number is Not Acceptable)				
•				83				·····	
				-	City	· · · · · · · · · · · · · · · · · · ·		Ter 7:0	Code
				84	City		FL	85 Zip (Code
office or ri agent. I ai	to the provisions of Sections 607.050, egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was	: authorize	d by	the corpor	rporation submits this statement for the ation's board of directors. I hereby acce	purpose o	f changing it pointment as	s registered registered
SIGNATURE	Signators: Typica or printed name of registered age	ot and tire if applicable (NC	OTE: Registere	o Age	eni signalure req	uired when reinstaling)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	CERS AND		
TITLE	SD DELE		1.1 🕏	TLE.				☐ Change	Addition
NAME	BRENNER, JACK H			1.2 NAME 1.3 STREET ADDRESS					
STREET ADDRESS	6280 SUNSET DRIVE #401								
CITY - ST - ZIP	SOUTH MIAMI, FL 0		_	1.4 CITY-ST-ZIP		<u></u>			
TITLE	PD	DELETE						Change	Addition
NAME	MARIANI, RICHARD C	2.3 2.4 		2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		•	***		
STREET ADDRESS	6280 SUNSET DRIVE #401								
CHY-ST-ZIP	SOUTH MIAMI, FL D							Oberes	Addition
TITLE								Change	Addition
NAME			3.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		Driete			ST-ZIP			Change	Addition
TITLE		☐ DELETE	4.1 TITLE 4. 2 NAME					- Charige	- Manifold
NAME									'
STREET ADDRESS					ADDRESS				
CITY: ST-ZIP		DELETE			ST-ZIP			Change	Addition
TALE					Criange Add			AUUMIUI)	
NAME OTDEST ASSURES				5.2 NAME					
STREET ADDRESS				3 STREET ADDRESS					
CITY - ST - ZIP				4 CITY-ST-ZIP				Change	Addition
THLE	DET							Unuigo	- Addition
NAME OXOCEL MODREDO			6.2 N		T 4 PPDPECO				
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP 14. Lido herel	hy certify that the information supplies	d with this filing does not au			ST-ZIP emption stat	ed in Section 119.07(3)(i), Florida Statut	es. furthe	r certify that	the

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 composition 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 12 or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-249

Dautima Phone #