

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **514744** (2)

1. Corporation Name
PAUL BRESLOW, D.C., P.A.



Principal Place of Business: **12501 N.E. 5TH AVENUE NORTH MIAMI FL 33161**
 Mailing Address: **12501 N.E. 5TH AVENUE NORTH MIAMI FL 33161**

3. Date Incorporated or Qualified: **11/12/1976**
 3a. Date of Last Report: **01/25/1995**
 4. FEI Number: **59-1733250**
 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 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**BRESLOW, PAUL DR.
 12501 N.E. 5TH AVENUE
 NORTH 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 607.1503, 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 _____

Signature of Registered Agent (to be signed and filed by the agent)

Signature of Registered Agent (signature required when re-registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
 1. TITLE: DELETE
 NAME: **PD BRESLOW, PAUL**
 STREET ADDRESS: **12501 N.E. 5TH AVE.**
 CITY-STATE-ZIP: **NORTH MIAMI FL**
 2. TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-STATE-ZIP: _____
 3. TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-STATE-ZIP: _____
 4. TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-STATE-ZIP: _____
 5. TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-STATE-ZIP: _____
 6. TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-STATE-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE: Change Addition
 NAME: _____
 1.2 STREET ADDRESS: _____
 1.3 CITY-STATE-ZIP: _____
 2.1 TITLE: Change Addition
 NAME: _____
 2.2 STREET ADDRESS: _____
 2.3 CITY-STATE-ZIP: _____
 3.1 TITLE: Change Addition
 NAME: _____
 3.2 STREET ADDRESS: _____
 3.3 CITY-STATE-ZIP: _____
 4.1 TITLE: Change Addition
 NAME: _____
 4.2 STREET ADDRESS: _____
 4.3 CITY-STATE-ZIP: _____
 5.1 TITLE: Change Addition
 NAME: _____
 5.2 STREET ADDRESS: _____
 5.3 CITY-STATE-ZIP: _____
 6.1 TITLE: Change Addition
 NAME: _____
 6.2 STREET ADDRESS: _____
 6.3 CITY-STATE-ZIP: _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Paul Breslow*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/96 305-893-1201
 DATE: _____ COUNTY PHONE # _____

CR2E034 (12/95)