

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **520801** (2)
1. Corporation Name
HIFT AND ARISON, M.D., P.A.



Principal Place of Business: **4800 N.E. 20TH TERRACE FT. LAUDERDALE FL 33308**
Mailing Address: **4800 N.E. 20TH TERRACE FT. LAUDERDALE FL 33308**

3. Date Incorporated or Qualified: **01/01/1977**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1717478**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21, 22, 23, 24: State, Apt. #, etc.; City & State; Zip; Country
26, 27, 28, 29, 30: State, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HIFT, EDGAR H. J.
4800 N.E. 20TH TERRACE
FT. LAUDERDALE FL 33308**

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

Signature of type of public officer or registered agent and how it applies.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HIFT, EDGAR H. J.	
STREET ADDRESS	4800 N.E. 20TH TERRACE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ARISON, RON	
STREET ADDRESS	4800 N.E. 20TH TERRACE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	4600 N. Federal Highway
2 3 STREET ADDRESS	Ft. Lauderdale, FL 33308
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - 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:

Edgar H. J. Hift
Edgar H. J. Hift
President

954-772-2600

Date

Daytime Phone #

CR2E034 (12/95)