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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	1996	
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1. Corporation	MENT # 57236 Name EN B. DOLCHIN, P.A.	64 (E	3)				
Principal Place of	of Business	Mailing Address	<del></del>		I 100101 BIJH 10010 R080 MARA OII		III OKON DIGIR IOOK
•	DAN STREET, SUITE #202B		n street, suite Fl 33021	<b>#202B</b>			
					3. Date Incorporated or Qualified 05/18/1978	3a. Date of Last R 05/01/1	
2. Principal Place	ce of Business	2a. Mailing Address	s		4. FEI Number 59-1824177	<b>├</b>	Applied For Not Applicable
Suite, Apt. #	I, etc.	Suite, Apt. #, e	tc.		5. Certificate of Status Desired	T	Additional Required
City & State		City & State			6. Election Campaign Financing	\$5.0	O May Be
Zip	Country	28 Zip	Cou	intry	Trust Fund Contribution  8. This corporation has liability for	Auge	d to Fees 199.032,
4	25	29	30			□No	
	g. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New R	tegistered Agent	
DOI CH	IIN, STEVEN B					<del></del>	
	iin, steven d Heridan Street, suite #202	В		82 Street Addr	ress (P.O. Box Number is Not Acceptab	ie)	
	WOOD, FL			83			
33021				84 City		85 Z	p Code
						FL   "	
11. Pursuant to	ed agent, or both, in the State of Flori	da Such change was al	Statutes, the abo	ove-named corpoi	ration submits this statement for the pur	nintment as registered	lagent Lam
or registere familiar with SIGNATURE	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was au tion 607.0505, Florida St	uthorized by the atutes.	corporation's boa	ard of directors. I hereby accept the appr	ointment as registered	agent. I am
or registere familiar with SIGNATUREs	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect Signalus, typed or printed name of registered agent	da. Such change was au tion 607.0505, Florida St	uthorized by the atutes.	ove-named corporation's board or a specific	ard of directors. I hereby accept the appr	DATE	agent. I am
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certify that the information indicated of 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 diagrams, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9549625800