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 # 602726

(2)

COOPER, MOODY, ALTSCHULER, CHIZNER, DENNIS AND NIEDERMAN, INC.

Principal Place of Business

Mailing Address

FILED Jul 18 1997 8:00am Secretary of State



3536 N. FEDERAL HWY. FT LAUDERDALE FL 33308-3223		3536 N. FEDERAL HWY. FT LAUDERDALE FL 33308-6223						
					03/16/1971 01/3		ate of Last Report 29/1996	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-1348026		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$	8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country Zip Country 25 29 30			У	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Age	nt	
COC	OPER, H.R.		81	Name				
	B N. FEDERAL HWY. IT LAUDERDALE FL 33308		62 S		dress (P.O. Box Number is Not Accepta	ble)		
			83	3				
•			84	City		FL ⁸	5 Zip Code	
SIGNATURE					orporation submits this statement for the ration's board of directors. I hereby acce		anging its registered ment as registered	
	Signature, typed or printed name of registered ago			en) signature rec	quired when reinstating)	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	OUTNESS MOUNTED NO	EX DETELE	1.1 TITLE		SEE ATTACHMENT #1 / 4	ting K	Change ** Addition	
NAME	CHIZNER, MICHAEL, MD	•	1.2 NAME	+ /4		ring, K	entil	
STREET ADDRESS	3536 N FEDERAL HWY.			T ADDRESS	1856 Gateway or	9440		
CITY-ST-ZIP	FT LAUDERDALE, FL 0 PD	** DELETE	1.4 CiTY-	ST-ZIF	San Materi CA		Change Addition	
TITLE		XX DELETE	2.1 TITLE		Zunwalt, Leanne	سا ۱۸۸ درم	Change	
NAME	COOPER, H R, MD 3536 N FEDERAL HWY.		2.2 NAME		1856 Gateway	7		
STREET ADDRESS	FT LAUDERDALE, FL 0		2.3 STREL 2.4 CITY	1	3an MateorCa	9440	5 4	
CITY-ST-ZIP TITLE	V	DELETE.	3.1 TITLE	S1-ZII'			Change Addition	
NAME	MOODY, CARROLL L. MD	XX ******	3.2 NAME	}	dehralt gohn		Silvings	
STREET ADDRESS	3536 N FEDERAL HWY		1	I ADDRESS	650 Chateury DI	,	11	
CITY-ST-ZIP	FT LAUDERDALE, FL 0		34. DITY-		3an mateo, Ca	auu01	ej –	
TITLE	8	XX DELETE	4.1 THE	1	7	, II	Change Addition	
NAME	ALTSCHULER, HAROLD, MD		4. 2 NAM		Blackwelder, Err		-	
STREET ADDRESS	3536 N FEDERAL HWY		4.3 STHEL	I ADDRESS	856 Gatrury Dr	0.11		
CITY-ST-ZIP	FT LAUDERDALE, FL 0		4.4 CI1Y-	۷)	Ban Mateo, Ca	9440	$\boldsymbol{\varphi}$	
TITLE	AS	DELETE	5.1 TITLE	1) , ,1		Change Addition	
NAME	DENNIS, JEFFREY S.(ASS'T		5.2 NAME	[2	Santer, James	Ŋ		
STREET ADDRESS	3536 N FEDERAL HWY.		5.3 STREE	I ADDRESS	850 Gateway Dr	Δ. (1	
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-	ST-7IP	Ban Mateorta	94404		
TITLE	AT	DELETE	6.1 TITLE		Dren Dichard B		Change Addition	
NAME	NIEDERMAN, ALAN L		62 NAME]7	Toren, Richard Br			
STREET ADDRESS	3536 N FEDERAL HWY.		63 STREE	T ADDRESS	850 Gateway Dr	1. 1. 1		
CITY-ST-ZIP	FT. LAUDERDALE FL		64 CHY-	S1-ZIP].C	Ban Mateo. Ca 9	4404		

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), I forida 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 officetor of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name applicable in Plack 13 or Florida Statutes; and that my name

CIONATURE.

P24/9-