

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **644611** (6)

1. Corporation Name
CHARLES SHAPIRO & ASSOCIATES, INC.



Principal Place of Business
**3852 SHERIDAN STREET
HOLLYWOOD FL 33021**

Mailing Address
**3852 SHERIDAN STREET
HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified
11/08/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number
59-1952279

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

9. Name and Address of Current Registered Agent

**SHAPIRO, CHARLES
3850 SHERIDAN ST
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE - Registered agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1	NAME
NAME	SHAPIRO, CHARLES	1.2	NAME
STREET ADDRESS	3850 SHERIDAN ST.	1.3	STREET ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL	1.4	CITY-ST-ZIP
TITLE	ST	2.1	NAME
NAME	SHAPIRO, ANNA	2.2	NAME
STREET ADDRESS	3850 SHERIDAN ST.	2.3	STREET ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL	2.4	CITY-ST-ZIP
TITLE		3.1	NAME
NAME		3.2	NAME
STREET ADDRESS		3.3	STREET ADDRESS
CITY-ST-ZIP		3.4	CITY-ST-ZIP
TITLE		4.1	NAME
NAME		4.2	NAME
STREET ADDRESS		4.3	STREET ADDRESS
CITY-ST-ZIP		4.4	CITY-ST-ZIP
TITLE		5.1	NAME
NAME		5.2	NAME
STREET ADDRESS		5.3	STREET ADDRESS
CITY-ST-ZIP		5.4	CITY-ST-ZIP
TITLE		6.1	NAME
NAME		6.2	NAME
STREET ADDRESS		6.3	STREET ADDRESS
CITY-ST-ZIP		6.4	CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certifies 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 does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes.

SIGNATURE: *Anna B. Shapiro* Anna B. Shapiro, Secretary-treas. 04-17-96 954-989-5255

CR2E034 (12/95)