

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 # 663996 (7)

1. Corporation Name
MICHAEL W. STOIK, P.A.



Principal Place of Business: **11333 S.W. 111 STREET MIAMI FL 33176**
Mailing Address: **11333 S.W. 111 STREET MIAMI FL 33176**

3. Date Incorporated or Qualified: **01/22/1980**
3a. Date of Last Report: **03/06/1995**
4. FEI Number: **59-1964929**
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
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STOIK, MICHAEL
11333 S.W. 111 STREET
MIAMI FL 33176**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 registering) _____ DATE: _____

12. OFFICERS AND DIRECTORS	
12.1 NAME: PDST STOIK, MICHAEL	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS: 11333 S.W. 111 STREET	
12.3 CITY-ST-ZIP: MIAMI FL 33176	
12.4 TITLE: _____	<input type="checkbox"/> DELETE
12.5 NAME: _____	
12.6 STREET ADDRESS: _____	
12.7 CITY-ST-ZIP: _____	
12.8 TITLE: _____	<input type="checkbox"/> DELETE
12.9 NAME: _____	
12.10 STREET ADDRESS: _____	
12.11 CITY-ST-ZIP: _____	
12.12 TITLE: _____	<input type="checkbox"/> DELETE
12.13 NAME: _____	
12.14 STREET ADDRESS: _____	
12.15 CITY-ST-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME: _____	
13.3 STREET ADDRESS: _____	
13.4 CITY-ST-ZIP: _____	
13.5 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME: _____	
13.7 STREET ADDRESS: _____	
13.8 CITY-ST-ZIP: _____	
13.9 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME: _____	
13.11 STREET ADDRESS: _____	
13.12 CITY-ST-ZIP: _____	
13.13 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME: _____	
13.15 STREET ADDRESS: _____	
13.16 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: *Michael W. Stoik* **2/29/96** **477-2800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)