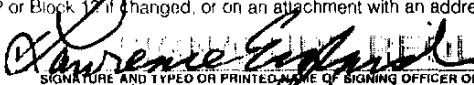


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 684545 (7)					
1. Corporation Name DOROTHY EIGLARSH, P.A.					
Principal Place of Business C/O L EIGLARSH 605 N. SHORE DR. MIAMI BEACH FL 33141			Mailing Address C/O L EIGLARSH 605 N. SHORE DR. MIAMI BEACH FL 33141-3433		
2. Principal Place of Business 2579 MAYFAIR LANE Suite, Apt. #, etc.		2a. Mailing Address 2579 MAYFAIR LANE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/19/1980	
21 WESTON FL. City & State		26 WESTON FL. City & State		3a. Date of Last Report 05/01/1996	
22 33327 Zip		27 33327 Zip		4. FEI Number 59-2018218	
23 USA Country		28 USA Country		Applied For ☐ Not Applicable	
9. Name and Address of Current Registered Agent KAHN, DONALD J. 627 71ST STREET MIAMI BEACH FL 33141				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
10. Name and Address of New Registered Agent				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
81 Name				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
82 Street Address (P.O. Box Number is Not Acceptable)				10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	☐ DELETE			
NAME	EIGLARSH, DOROTHY				
STREET ADDRESS	605 N. SHORE DR.				
CITY-ST-ZIP	MIAMI BEACH FL				
TITLE	SD	☐ DELETE			
NAME	EIGLARSH LAWRENCE				
STREET ADDRESS	605 N. SHORE DR.				
CITY-ST-ZIP	MIAMI BEACH FL				
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PD	☒ Change ☐ Addition			
1.2 NAME	EIGLARSH, DOROTHY				
1.3 STREET ADDRESS	2579 MAYFAIR LANE				
1.4 CITY-ST-ZIP	WESTON FL 33327-1506				
2.1 TITLE	SD	☒ Change ☐ Addition			
2.2 NAME	Lawrence Eigarsh				
2.3 STREET ADDRESS	2579 Mayfair Lane				
2.4 CITY-ST-ZIP	Weston, FL 33327-1506				
3.1 TITLE		☐ Change ☐ Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		☐ Change ☐ Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		☐ Change ☐ Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4/15/97 954 349-3336					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Lawrence Eigarsh Date Daytime Phone # 0194585					

CR2E034 (9/96)