

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **693790** (8)

1. Corporation Name
BERGMAN, SPIEWAK AND CO., P.A.



Principal Place of Business

**499 NW 70TH AVE. STE 116
PLANTATION FL 33317
US**

Mailing Address

**499 NW 70TH AVE. STE 218
PLANTATION FL 33317
US**

3. Date Incorporated or Qualified 07/09/1981	3a. Date of Last Report 04/19/1995
4. FEI Number 59-2099983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country
24. Country	25. Country
29. Country	30. Country

9. Name and Address of Current Registered Agent

**BERGMAN, GARRY S.
499 NW 70 AVE #116
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(2), 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 607.01(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: PD 2. NAME: BERGMAN, GARRY S. 3. STREET ADDRESS: 1031 N.W. 107TH AVE. 4. CITY, ST, ZIP: PLANTATION FL <input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.4 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE: D 3. NAME: ROTH, ROY 4. STREET ADDRESS: 499 NW 70 AVE #116 5. CITY, ST, ZIP: PLANTATION FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.4 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE: D 4. NAME: SPIEWAK, MARC A 5. STREET ADDRESS: 10815 RICHMOND PL 6. CITY, ST, ZIP: COOPER CITY FL <input type="checkbox"/> DELETE	3.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.4 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.4 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.4 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied on 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 included 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. 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 changing or eliminating an officer or director.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96 1-954-321-991

CR2E034 (12/95)