

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F24880 (9)

1. Corporation Name

J. MAURICE FINKEL, P.A.



Principal Place of Business

Mailing Address

**28 W FLAGLER STREET
 SUITE 320
 MIAMI FL 33130
 US**

**28 W FLAGLER STREET
 SUITE 330
 MIAMI FL 33130
 US**

3. Date Incorporated or Qualified: **04/16/1981**
 3a. Date of Last Report: **03/01/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: **59-2097182**
 Applied For: Not Applicable

21. Suite, Apt. #, etc

26. Suite, Apt. #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FINKEL, J MAURICE
 28 W FLAGLER ST ROBERTS BLDG PH-1
 SUITE 330
 MIAMI FL 33130**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: DELETE
 NAME: **P FINKEL, SETH L**
 STREET ADDRESS: **28 W. FLAGLER ST., #330**
 CITY - ST - ZIP: **MIAMI FL 33130**

TITLE: DELETE
 NAME: **T FINKEL, J. M.**
 STREET ADDRESS: **28 W. FLAGLER ST., #330**
 CITY - ST - ZIP: **MIAMI FL 33130**

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

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 CITY - ST - ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE: Change Addition
 12. NAME:
 13. STREET ADDRESS:
 14. CITY - ST - ZIP:

21. TITLE: Change Addition
 22. NAME:
 23. STREET ADDRESS:
 24. CITY - ST - ZIP:

31. TITLE: Change Addition
 32. NAME:
 33. STREET ADDRESS:
 34. CITY - ST - ZIP:

41. TITLE: Change Addition
 42. NAME:
 43. STREET ADDRESS:
 44. CITY - ST - ZIP:

51. TITLE: Change Addition
 52. NAME:
 53. STREET ADDRESS:
 54. CITY - ST - ZIP:

61. TITLE: Change Addition
 62. NAME:
 63. STREET ADDRESS:
 64. 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 617, Florida Statutes, and that my name appears in Block 12 of Block 3 if changed, or on an attachment with an address.

SIGNATURE:

Seth L Finkel, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Seth L Finkel, President
 BY: **SETH L FINKEL, President** **July 26, 1995**
305-279-7538

CR2E034 (3/96)