

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 # F36362 (4)
1. Corporation Name
ZEVIN, SUGLIO & METCALF, P.A.



Principal Place of Business: **% MARTIN ZEVIN, 2295 CORPORATE BLVD NW #211, BOCA RATON FL 33431**
Mailing Address: **% MARTIN ZEVIN, 2295 CORPORATE BLVD NW #211, BOCA RATON FL 33431**

3. Date Incorporated or Qualified: **05/27/1981**
3a. Date of Last Report: **03/02/1995**
4. FEI Number: **59-2096532**
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: **% Martin Zevin, 1367 Lyons Road, Coconut Creek, Fl., 33063, USA**
2a. Mailing Address: **% Martin Zevin, 1367 Lyons Road, Coconut Creek, Fl., 33063, USA**

9. Name and Address of Current Registered Agent:
ZEVIN, MARTIN, 2295 CORPORATE BLVD., N.W., #211, BOCA RATON FL 33431

10. Name and Address of New Registered Agent:
81 Name: **Martin Zevin**
82 Street Address: **1367 Lyons Road**
84 City: **Coconut Creek, FL** 85 Zip Code: **33063**

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: _____ (Name typed or printed name of registered agent and street address) (Null: Registered Agent signature required if not existing) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | ZEVIN, MARTIN | |
| STREET ADDRESS | 2295 CORPORATE BLVD#211 | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|---------------------------------|--|
| 11 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | Zevin, Martin | |
| 13 STREET ADDRESS | 1367 Lyons Road | |
| 14 CITY-ST-ZIP | Coconut Creek, Fl. 33063 | |
| 21 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Martin Zevin* **Martin Zevin** 3/18/96 954-977-4870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (12/95)