

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 # **F50094** (4)

1. Corporation Name
KASLOW ASSOCIATES, P.A.



Principal Place of Business: **NORTHWOOD CENTER 2601 N. FLAGLER DR. SUITE 103 WEST PALM BEACH FL 33407**
Mailing Address: **NORTHWOOD CENTER 2601 N. FLAGLER DR. SUITE 103 WEST PALM BEACH FL 33407**

3. Date incorporated or Qualified: **10/12/1981**
3a. Date of Last Report: **01/24/1995**

2. Principal Place of Business
21. **2161 Palm Beach Lakes Blvd**
22. **Suite 216**
23. **West Palm Beach, FL**
24. **33409-6611**
25. **Palm Beach**
26. **2161 Palm Beach Lakes Blvd**
27. **Suite 216**
28. **West Palm Beach, FL**
29. **37709-6611**
30. **Palm Beach**

4. FEI Number: **59-2136162**
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

9. Name and Address of Current Registered Agent
**KLEIN, STUART B. ESQUIRE
KLEIN & KLEIN, P.A.
1551 FORUM PLACE, SUITE 400B
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: **P** DELETE
NAME: **KASLOW, FLORENCE P H D**
STREET ADDRESS: **128 WINDWARD DR.**
CITY-ST-ZIP: **PALM BEACH GARDENS 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: _____
TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE: Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
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 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: *Florence Kaslow, Ph.D.* 1/23/96 (407) 688-6530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)