

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 # **F65736** (3)

1. Corporation Name
FREDERICK E. KNOLL, D.D.S., P.A.



Principal Place of Business Mailing Address
% FREDERICK E KNOLL, D.D.S.
951 NW 167 STREET, #208
N MIAMI BEACH FL 33162

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

3. Date Incorporated or Qualified 02/03/1982	3a. Date of Last Report 04/18/1995
4. FEI Number 59-2159928	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KNOLL, FREDERICK E., D.D.S. 951 NE 167 STREET N MIAMI BEACH FL 33162				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 the corporation. (If FEI Registered Agent Signature required, please use this line) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KNOLL, FREDERICK E			2. NAME			
STREET ADDRESS	951 NE 167TH ST #208			3. STREET ADDRESS			
CITY- ST- ZIP	N MIAMI BCH FL			4. CITY- ST- ZIP			
TITLE	T	<input type="checkbox"/> DELETE		21. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KNOLL, ANNE			22. NAME			
STREET ADDRESS	951 NE 167TH ST #208			23. STREET ADDRESS			
CITY- ST- ZIP	N MIAMI BCH FL			24. CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		3. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				32. NAME			
STREET ADDRESS				33. STREET ADDRESS			
CITY- ST- ZIP				34. CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		4. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				42. NAME			
STREET ADDRESS				43. STREET ADDRESS			
CITY- ST- ZIP				44. CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				52. NAME			
STREET ADDRESS				53. STREET ADDRESS			
CITY- ST- ZIP				54. CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		6. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY- ST- ZIP				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)(c), 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: *Frederick E. Knoll* 4/4/96 305-651-0139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)