## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

SIGNATURE:



ELORIDA DEPARTMENT DE STATE

**FILED** 

Jan 21 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F89470

STANLEY E. ISRAEL, P.A.

Principal Place of Business Mailing Address 450 NORTH PARK ROAD, SUITE 805 450 NORTH PARK ROAD, SUITE 805 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-6936 3. Date Incorporated or Qualified 3a. Date of Last Report 07/06/1982 02/14/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 59-2204515 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zipi Country  $Z_{1D}$ Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 Yes 🔀 No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ISRAEL STANLEY E 61 Name 450 NORTH PARK ROAD, SUITE 805 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33021 83 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 \$ granue, typica or principlisher electing stered agent and MF. Cappricable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition ISRAEL, STANLEY E NAME 1.2 NAME 450 NORTH PARK ROAD, SUITE 805 STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33021 City-\$1-70 1.4 CITY - ST - ZIP THUE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-S1-2F 2 4 CITY - ST- ZIP DELETE TITLE 31 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - S1 - 2iF 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE TITLE Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS DITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6 4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armual report of 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 of the receiver or testee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapters of an attackment with an address.