

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**95 APR 27 AM 11:10**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # G08279 (3)**

1. Corporation Name  
**HOWARD W. MUROFF, P. A.**

Principal Place of Business      Mailing Address  
**1333 S UNIVERSITY DR.  
PLANTATION FL 33324**      **1333 S UNIVERSITY DR.  
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/09/1982**      **04/19/1994**

4. FEI Number      Applied For  
**59-2230487**       Not Applicable

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

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

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

2. Principal Place of Business      2a. Mailing Address

21      26

22 Suite, Apt. #, etc      27 Suite, Apt. #, etc.

23 City & State      28 City & State

24 Zip      25 Country      29 Zip      30 Country

9. Name and Address of Current Registered Agent

**MUROFF, HOWARD W.  
1333 S UNIVERSITY DR.  
PLANTATION FL 33324**

81 Name

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

83

84 City      85 Zip Code

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (Typed or printed name of registered agent and the corporation)      (NOTE: Registered Agent signature required after 1/1/99)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>MUROFF, HOWARD W</b>
STREET ADDRESS	<b>10071 NW 259</b>
CITY ST ZIP	<b>PLANTATION FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>10071 NW 2 STREET</b>
14 CITY ST ZIP	<b>PLANTATION, FL 33324</b>
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 110.07(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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing or on an attachment with an address.

SIGNATURE: *Howard W. Muroff*      **HOWARD W. MUROFF**      **4/24/95 (300) 274-550**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR      Date      Daytime Phone #