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 # G19983

(7)

JEFFREY H. FISHER, P.A.



Principal Place of Business		Mailing Address			s indicite and echia this initia (did		ini minin minin i	11811 81811 1681
5255 N. FEDERAL HIGHWAY		5255 N. FEDERAL HIGHWAY		1				
SUITE 100	Ft 00403	SUITE 100		1				
BOCA RATON FL 33487 US		BOCA HATON PL 33487	BOCA RATON FL 33487		3. Date Incorporated or Qualified	3a. Date of Last Report		
		-			01/18/1983	05/01/1995		
2. Principal Pla		2a. Mailing Address	A		4. FEI Number			opplied For
21 302	KOYAL POINCIANAN	ING 362 ROYAL	HOINLIANA A	MAY	59-2256687			lot Applicable
Suite, Apt #	e, etc.	Suite. Apt. #, etc.			5. Certificate of Status Desired	×		Additional Required
City & State PALM		City & State 28 PALM ASALH	. FLORIDA		Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	Zip	Country		8. This corporation has liability for	intangible t		
24 334	80 25	29 33480	30			; ∐No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered	Agent	
			81 Name					
FISHER,	JEFFREY H.		82 Street A	Address	(P.O. Box Number is Not Acceptat	ole)		
5255 N. FEDERAL HIGHWAY								
SUITE 10	00		83					
BOCA RA	ATON FL 33487		84 City			C. 1	85 Zıç	Code
44 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	A	1007 1500 51 37 524 3			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	PL.	<u> </u>	ociotocad office
or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid	 Such change was authorize 	s, the above hamed cond by the corporation's t	rporado board c	of directors. Thereby accept the app	irpose oi cii iointment ai	anging its o s registered	agent. Fam
familiar with	h, and accept the obligations of, Section	on 607,0505, Florida Statutes.						
SIGNATURE:		no and the same of	L. Registeren Agent signature re					
12.	Signature, typed or printed trans-of registered agent a OF FIGERS AND		13.	a history in	ADDITIONS/CHANGES TO OFF		D DIRECTO	BS IN 12
TITLE	PST	DELETE	1 1 TITLE				Change	Addition
NAME	FISHER, JEFFREY H	_		2	Police Chicagonia	ادهسا		
STREET ADDRESS	5255 N FEDERAL HWY		1.3 STREET ADDRESS	700	l rotal poincimus]
CITY - ST - ZIP	BOCA RATON FL		1.4 C(TY - ST - Z(P)	PAL	m beach, floring	334	%	i
TiTLE	D	DELETE	2 1 TITLE	1			Change	Addit on
NAME	FISHER, JEFFREY H	L _	2.2 NAME	241	L ROYAL POINCIANA	WAT	7	
STREET ADDRESS	5255 N FEDERAL HWY		2.3 STREET ADDRESS	200	Polito homotime			
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY - ST ZIP	PA	im Beach, Glorion	33480		
TITLE		DELFTE	3 1 TITLE				Change	Addition
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NAME			4.2 NAME					ļ
STREET ADDRESS			4.3 STREET ADORESS					·
CITY - \$1 - ZIP			4.4.0(1Y-S1-ZIP					
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NAME			5.2 NAMÉ					
STREET ADDRESS			5 3 STREET ADDRESS					
CITY - ST - ZIP			54 CHTY ST-ZIP					
TITLE		DELETE	6 1 TITLE				☐ Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					1
CITY - ST - ZIP			6 4 CITY - ST - 7IP					
14. Ldo hereby	y certify that the information supplied v	vith this filing is voluntarily furnic	shed and does not qual	dify for t	the exemption stated in Section 119).07(3)(k), FI	orida Statut	es. I further

14. Ho 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 supplicimental 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 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 many it, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/9E

(467) 835 - 1800