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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G40797** (4)

1. Corporation Name
PODOLSKY & ASSOCIATES OF FLORIDA, INC.



Principal Place of Business
**1001 W CYPRESS CREEK RD
SUITE 404
FT LAUDERDALE FL 33309
US**

Mailing Address
**1001 W CYPRESS CREEK RD
SUITE 404
FT LAUDERDALE FL 33309-1947
US**

3. Date Incorporated or Qualified 05/24/1983	3a. Date of Last Report 01/24/1996
4. FEI Number 59-2298063	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input 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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 320	26 Suite, Apt. #, etc. 320
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

8. Name and Address of Current Registered Agent
**PODOLSKY, BARRY
1001 W CYPRESS CREEK RD
SUITE 404
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	Suite 320
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	Dir / Pres / Secty / Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PODOLSKY, BARRY	1.2 NAME	
STREET ADDRESS	1001 W CYPRESS CREEK RD #104	1.3 STREET ADDRESS	Suite 320
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV	2.1 TITLE	
NAME	PODOLSKY, SUSAN	2.2 NAME	
STREET ADDRESS	1001 W CYPRESS CREEK RD #104	2.3 STREET ADDRESS	Suite 320
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Brian Podolsky
STREET ADDRESS		3.3 STREET ADDRESS	1001 W. Cypress Creek Rd # 320
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: **BARRY M. Podolsky** 1/24/97 954-771-1500
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)