

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G61147** (6)

1. Corporation Name

DAVID E. GOLDEN, PROFESSIONAL ASSOCIATION

Principal Place of Business

Mailing Address

**1 S.W. 129TH AVENUE
200
PEMBROKE PINES FL 33140
US**

**1 S.W. 129TH AVE.
200
PEMBROKE PINES FL 33027
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt., #, etc.

26 State, Apt., #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**PRESS, MARK D.
1801 W AVE
5TH FLOOR
MIAMI BCH FL 33139**

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 602.06(1) and 607.17(1)(b), 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. Thereby, I accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.17(1)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP	[] DELETE
NAME	GOLDEN, DAVID E	
STREET ADDRESS	960 ARTHUR GODFREY RD	
CITY-STATE-ZIP	MIAMI, FL 00000	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
1. NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2. TITLE	[] Change [] Addition
2. NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3. TITLE	[] Change [] Addition
3. NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4. TITLE	[] Change [] Addition
4. NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5. TITLE	[] Change [] Addition
5. NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6. TITLE	[] Change [] Addition
6. NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(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 this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached schedule, as follows:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID E GOLDEN

7/16/96

154-431-2388

CR2E034 (12/95)