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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

G77093

(4)

1. Corporation Name ALAN A. JAFFE, PHD. & ASSOCIATES, INC.							
Principal Place of	of Business	Mailing Address			1 (01 46) (00 4 (00) (100) (1184 (1	E E E E E E E E E E	I MANKI MINKI NININ NININ KANI
8190 ROYAL PALM BLVD STE 204 8190 ROYAL PALM I CORAL SPRINGS FL 33065 CORAL SPRINGS FL							
					3, Date Incorporated or Qualified 01/03/1984		Last Report 3/03/1995
2. Principal Plac	ce of Business	2a. Mailing Address			4, FET Number 59-2359734		Applied For
21 Suite Apt #	oto	26 Suite, Apt. #, etc.					Not Applicable \$8.75 Additional
Suite, Apt. #	, 6.6.	27			5. Certificate of Status Desired		Fee Required
City & State		City & State			6. Election Campaign Financing		\$5.00 May Be
23	·····	28			Trust Fund Contribution		Added to Fees
Zip	Country	Zιρ	Country		8. This corporation has liability for Florida Statutes Yes	intangible tax i s ∏ No	under's 199.032,
24	25 9. Name and Address of Curre	29 Agent	[30]	1.	10. Name and Address of New F		 lent
	9. Haine and Address of Conte	ATT TO GISTOTE OF PAGE 1	81 Na		10.	.1.1. 4 .1⊻	
JAFFE	ALAN A., PH.D.		82 Str		(P.O. Box Number is Not Acceptat	ulca)	
	N.W. 5TH STREET		62 50	eet Address	(IF ,O. DOX NATIONAL IS NOT ACCOUNTED	.715.17	
	SPRINGS FL 33071		83				
			84 Cit	v			85 Zip Code
				•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FL	
or registere familiar with	o the provisions of Sections 607.050 d agent, or both, in the State of Flo n, and accept the obligations of, Sec	rida. Such change was authoriz	red by the corporation	on's board c	on squares this statement for one point directors. Thereby accept the app	ointment as re	gistered agent Tam
SIGNATURE .	Signature, typed or printed name of registered ago	int and title it applicable (NS	OLL: Regishered Ager Usigna	Nurve responsacionel		EA't	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		· · · · · · · · · · · · · · · · · · ·
TITLE	P	☐ DELETE	1 1 TITLE			L.J	Change
NAME	JAFFE, ALAN A 11215 NW 5TH ST.		1.2 NAME				
STREET ADDRESS	CORAL SPRINGS FL 3307		1 3 STREET ADDR	rec			
CHY-ST-ZIP TITLE	CONTE OF LINES I E CONT	⁷⁴	1 A CITY OF ZIP	ESS			
1			1.4 CITY-ST-ZIP 2 1 TITLE	ESS			Change Addition
NAME :		71 □ DELETE	1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME	ESS			Change Addition
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4. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not quality for the exemption stated in Section 1.19.07(5)(K), Frontal statutes. Entirely certify that the information indicated on this 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:

NATURE AND TYPED OR PRINTER NAMES SIGNING OFFICER OR DIRECTOR

3/17/96 (954) 755-0909