

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G77495** (1)

1. Corporation Name

**STERNBERG & STERNBERG, P.A.**



Principal Place of Business

7491 W. OAKLAND PK. BLVD.  
~~301~~ 301  
LAUDERHILL FL 33319  
US

Mailing Address

7491 W. OAKLAND PK. BLVD.  
#301  
LAUDERHILL FL 33319  
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State **301**

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

**STERNBERG RHONDA M**  
**7491 W. OAKLAND PK. BLVD.**  
~~301~~ 301  
**LAUDERHILL FL 33319**

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 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

Signature of Registered Agent

Date of Report

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

TITLE	<b>PDV</b>	<input type="checkbox"/> DELETE
NAME	<b>STERNBERG, RHONDA M.</b>	
STREET ADDRESS	<b>7491 W. OAKLAND PK. BLVD. #301</b>	
CITY- ST- ZIP	<b>LAUDERHILL FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13.	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	12 NAME	
	13 STREET ADDRESS	
	14 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	21 TITLE	
	22 NAME	
	23 STREET ADDRESS	
	24 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	31 TITLE	
	32 NAME	
	33 STREET ADDRESS	
	34 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	41 TITLE	
	42 NAME	
	43 STREET ADDRESS	
	44 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	51 TITLE	
	52 NAME	
	53 STREET ADDRESS	
	54 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	61 TITLE	
	62 NAME	
	63 STREET ADDRESS	
	64 CITY- ST- ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Rhonda M. Sternberg*  
RHONDA M. STERNBERG

954/741-6220  
Date of Filing

CR2E034 (12/95)