

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

①

1997 JUL 25 PM 12: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H38142 (6)
1. Corporation Name
PAUL STARK, P.A.



Principal Place of Business Mailing Address
% PAUL STARK
100 S. PINE ISLAND RD.
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 01/15/1985	3a. Date of Last Report 01/24/1996
4. FEI Number 59-2483562	Applied For Not Applicable
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STARK, PAUL SUITE 112 100 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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, typed or printed name of registered agent and title if applicable. (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARK, PAUL	1.2 NAME	600002258216--1
STREET ADDRESS	100 S. PINE ISLAND RD.	1.3 STREET ADDRESS	-08/05/97--01075--023
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

CR2E034 (4/97)

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LAW OFFICES
PAUL STARK, P.A.
100 SOUTH PINE ISLAND ROAD
SUITE 112
PLANTATION, FLORIDA 33324

PAUL STARK
MEMBER:
FLORIDA BAR
NEW YORK BAR

TELEPHONE
(954) 475-8400
FAX: (954) 475-8402

July 21, 1997

Department of State
Division of Corporations
Annual Reports Section
PO Box 1500
Tallahassee, FL 32302-1500

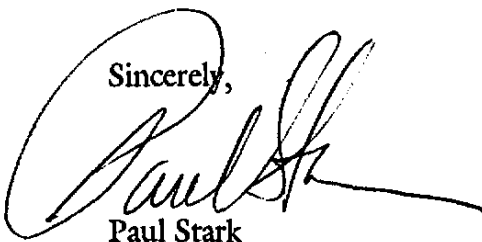
To Whom It May Concern:

Please be advised that I just received your 2nd Notice of Filing for my annual report. Immediately upon receiving this notice I contacted my accountant to determine why my report had not been timely filed. My account indicated to me that they had no indication that the report application had ever been received. I have checked the records throughout my office and my secretary has advised me that we have never received the annual report forms. If you check the history of the filings of my Professional Association, I am sure you will find that my reports have been timely filed. I am enclosing with this letter a copy of my account's letter, indicating that we have no record of the report having been received.

I am enclosing a check for \$165.00 as I was advised to do over the phone by your representatives when I called on July 21 regarding this matter. I would greatly appreciate it if the Department would accept the \$165.00 and waive any penalties and I can assure the Department that my filings will never be late in the future.

Thank you for your consideration.

Sincerely,



Paul Stark

PS:lz