

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # H40544 (9)**

1. Corporation Name

**CATHY JACKSON LERMAN, P.A.**



Principal Place of Business

**4161 NW 7TH PLACE  
DEERFIELD BEACH FL 33442**

Mailing Address

**4161 NW 7TH PLACE  
DEERFIELD BEACH FL 33442**

3. Date Incorporated or Qualified  
**01/31/1985**

3a. Date of Last Report  
**02/01/1995**

2. Principal Place of Business

21. **1455 Northpark Drive**  
Suite, Apt. #, etc.

2a. Mailing Address

26. **1455 Northpark Dr.**  
Suite, Apt. #, etc.

4. FEI Number

**59-2490205**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

22. City & State  
**Ft. Lauderdale, FL**

27. City & State  
**Ft. Lauderdale, FL**

24. Zip  
**33326**

Country

29. Zip  
**33326**

Country

9. Name and Address of Current Registered Agent

**LERMAN, CATHY JACKSON  
4161 NW 7TH PLACE  
DEERFIELD BCH FL 33442**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

**1455 Northpark Drive**

83.

84. City

**Ft. Lauderdale**

**FL**

85. Zip Code

**33326**

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 person performing this task (Agent or Secretary)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | PD                    | <input type="checkbox"/> DELETE |
| NAME           | LERMAN, CATHY JACKSON |                                 |
| STREET ADDRESS | 4161 NW 7TH PLACE     |                                 |
| CITY-STATE-ZIP | DEERFIELD BEACH FL    |                                 |
| TITLE          | ST                    | <input type="checkbox"/> DELETE |
| NAME           | LERMAN, CATHY JACKSON |                                 |
| STREET ADDRESS | 4161 N.W. 7TH PL.     |                                 |
| CITY-STATE-ZIP | DEERFIELD BEACH FL    |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-STATE-ZIP |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-STATE-ZIP |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-STATE-ZIP |                       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1. TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |  |
| 3. STREET ADDRESS  | <b>1455 Northpark Drive</b>  |
| 4. CITY-STATE-ZIP  | <b>Ft. Lauderdale, FL 33326</b>  |
| 5. TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |  |
| 7. STREET ADDRESS  | <b>1455 Northpark Drive</b>  |
| 8. CITY-STATE-ZIP  | <b>Ft. Lauderdale, FL 33326</b>  |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 10. NAME           |  |
| 11. STREET ADDRESS |  |
| 12. CITY-STATE-ZIP |  |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 14. NAME           |  |
| 15. STREET ADDRESS |  |
| 16. CITY-STATE-ZIP |  |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 18. NAME           |  |
| 19. STREET ADDRESS |  |
| 20. 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 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Cathy Jackson Lerman*  
**Cathy Jackson Lerman**

**11/23/94 (305) 384-0135**

CR2E034 (12/95)