

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H48234**

(9) N/c 3.6.96

1. Corporation Name

~~JOSIAS AND GOREN, P.A.~~  
JOSIAS, GOREN, CHEROF, DOODY AND EZROL, P.A.



Principal Place of Business

% JAMES A. CHEROF  
3099 EAST COMMERCIAL BLVD. SUITE 200  
FT. LAUDERDALE FL 33308

Mailing Address

% JAMES A. CHEROF  
3099 EAST COMMERCIAL BLVD. SUITE 200  
FT. LAUDERDALE FL 33308

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

9. Name and Address of Current Registered Agent

CHEROF, JAMES A.  
3099 EAST COMMERCIAL BLVD  
SUITE 200  
FT. LAUDERDALE FL 33308

3. Date Incorporated or Qualified  
**03/21/1985**

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

4. FEEL Number  
**59-2506263**

Applied For  
Not Applicable

5. Creditable 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

10. Name and Address of New Registered Agent

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 607.06(7) and 607.15(6), 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 Sections 607.06(7), Florida Statutes.

SIGNATURE

Signature of person who is to be registered as the agent

Signature of Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	JOSIAS, STEVEN L.	
STREET ADDRESS	3099 E. COMMERCIAL BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GOREN, SAMUEL S.	
STREET ADDRESS	3099 E. COMMERCIAL BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CHEROF, JAMES A.	
STREET ADDRESS	3099 E. COMMERCIAL BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VPDT	<input type="checkbox"/> DELETE
NAME	DOODY, DONALD J	
STREET ADDRESS	3099 E. COMMERCIAL BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VPDS	<input type="checkbox"/> DELETE
NAME	KERRY, EZROL	
STREET ADDRESS	3099 E. COMMERCIAL BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-ST-ZIP	
18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME	
20 STREET ADDRESS	
21 CITY-ST-ZIP	
22 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	
24 STREET ADDRESS	
25 CITY-ST-ZIP	
26 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY-ST-ZIP	
30 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
33 CITY-ST-ZIP	

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\*\*\*200.00

12  
3-28

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 included on this annual report or supplementary 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 manager 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 as indicated, or in an alternate written address.

SIGNATURE:   
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
KERRY EZROL

2/22/96 (305) 771-4500

CR2E034 (12/95)