

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H77951 (2)**  
1. Corporation Name: **JOSEPH ZALLEN, P.A.**



Principal Place of Business: **% JOSEPH ZALLEN 2455 E. SUNRISE BLVD., SUITE 802 FT. LAUDERDALE FL 33304-3111**  
Mailing Address: **% JOSEPH ZALLEN 2455 E. SUNRISE BLVD., SUITE 802 FT. LAUDERDALE FL 33304-3111**

2. Principal Place of Business: **21 2601 E. OAKLAND PK BLVD**  
22 **Suite 208**  
23 **FT. LAUDERDALE FL**  
24 **33306**

3. Date Incorporated or Qualified: **09/25/1985**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2584448**  
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. 190.032 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **ZALLEN, JOSEPH 2455 EAST SUNRISE BOULEVARD, SUITE 802 FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent: **81 Name: SUITE 208 82 Street Address (P.O. Box Number is Not Applicable): 2601 E. OAKLAND PK. BLVD 83 FT. LAUDERDALE 84 City: FT. LAUDERDALE FL 85 Zip Code: 33306**

11. Pursuant to the provisions of Section 607.06(2) 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 duly approved by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and a resident of the State of Florida. Florida Statutes.

SIGNATURE: *Joseph Zallen Pres.* **JOSEPH ZALLEN PRES** **4/4/96**

12. OFFICERS AND DIRECTORS

TITLE: <b>PST</b>	<input type="checkbox"/> DELETE
NAME: <b>ZALLEN, JOSEPH</b>	
STREET ADDRESS: <b>2455 E. SUNRISE BLVD</b>	
CITY, ST, ZIP: <b>FT. LAUDERDALE FL</b>	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE
NAME: <b>ZALLEN, JOSEPH</b>	
STREET ADDRESS: <b>2455 E. SUNRISE BLVD</b>	
CITY, ST, ZIP: <b>FT. LAUDERDALE FL</b>	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY, ST, ZIP:	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME:	
3. STREET ADDRESS:	
4. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME:	
6. STREET ADDRESS:	
7. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME:	
9. STREET ADDRESS:	
10. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME:	
12. STREET ADDRESS:	
13. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied on this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(a) Florida Statutes. I further certify that the information indicated on this annual report or significant event report is true, an I acknowledge 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 a person or trustee or empowered to execute this report as provided by Chapter 607, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Joseph Zallen Pres.* **JOSEPH ZALLEN PRES** **4/4/96** **954-565-9502**

CR2E034 (12/95)