

**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 # **H95562** (5)

1. Corporation Name  
**SYPERDA & SYPERDA, D.O., P.A.**



Principal Place of Business Mailing Address  
**% GLENN A. SYPERDA**  
**10402 OAKBROOK DRIVE**  
**TAMPA FL 33624**

3. Date Incorporated or Qualified **02/01/1986** 3a. Date of Last Report **02/14/1995**

2. Principal Place of Business 2a. Mailing Address  
**21** Suite, Apt. #, etc. **26** **17046 DOLPHIN DR**  
**22** City & State **27** **N. Redington Beach FL**  
**23** Zip **28** **33708** Country **29** **FL** **30** **Pinellas**

4. FEI Number **38-2255952** 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

9. Name and Address of Current Registered Agent  
**SYPERDA, GLENN A.**  
**10402 OAKBROOK DRIVE**  
**TAMPA FL 33624**

10. Name and Address of New Registered Agent  
**81** Name **SYPERDA, VIRGINIA A.**  
**82** Street Address (P.O. Box Number is Not Acceptable) **17046 Dolphin Dr.**  
**83**  
**84** City **N. Redington Beach FL** **85** Zip Code **33708**

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 607.0501, Florida Statutes.

SIGNATURE: *Virginia A. Syperda*  
Signature of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	SYPERDA, GLENN A.	
STREET ADDRESS	10402 OAKBROOK DRIVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	SYPERDA, VIRGINIA A.	
STREET ADDRESS	10402 OAKBROOK DRIVE	
CITY - ST - ZIP	TAMPA FL	
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DPT</b> <b>SYPERDA, VIRGINIA A.</b>
2.3 STREET ADDRESS	<b>17046 Dolphin Dr.</b>
2.4 CITY - ST - ZIP	<b>N. Redington Beach, FL 33708</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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: *Virginia A. Syperda* 1/20/96 813-391-1123  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)