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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J56918 (2)
1. Corporation Name
DOC PREP, INC.

Principal Place of Business 269 N. UNIVERSITY DR PEMBROKE PINES FL 33024	Mailing Address 269 N. UNIVERSITY DR PEMBROKE PINES FL 33024-6715
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/13/1987	3a. Date of Last Report 03/19/1996
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.			4. FEI Number 59-2770665	Applied For Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JAKOBSEN, CYNTHIA J 269 N UNIVERSITY DR PEMBROKE PINES FL 33024		10. Name and Address of New Registered Agent 81 Name CYNTHIA J. HEATH 82 Street Address (P.O. Box Number is Not Acceptable) 269 N. UNIVERSITY DR 83 84 City PEMBROKE PINES FL 85 Zip Code 33024	
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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 *Cynthia J. Heath* CYNTHIA J. HEATH 4/15/97
Signature (hand or printed name of registered agent and fee, if applicable) (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	JAKOBSEN, CYNTHIA J.	1.2 NAME	CYNTHIA J. HEATH
STREET ADDRESS	269 N. UNIVERSITY DR.	1.3 STREET ADDRESS	269 N. UNIVERSITY DR
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	DST	2.1 TITLE	
NAME	LAURETANO, DALE M.	2.2 NAME	
STREET ADDRESS	269 N. UNIVERSITY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE:

CR2E034 (9/96)