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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K09745** **(6)**

1. Corporation Name

SHEILA A. HALPERN, P.A.

Principal Place of Business	Mailing Address
4000 SOUTHEAST FINANCIAL CENTER 200 S. BISCAYNE BLVD MIAMI FL 33131	4000 SOUTHEAST FINANCIAL CENTER 200 S. BISCAYNE BLVD MIAMI FL 33131

3. Date Incorporated or Qualified: 01/01/1988
3a. Date of Last Report: 05/19/1995

2. Principal Place of Business
21: 5780 S.W. 118 ST.
22: Suite, Apt. #, etc.
23: City & State: MIAMI, FL
24: Zip: 33156
25: Country: U.S.

2a. Mailing Address
26: 5780 S.W. 118 ST.
27: Suite, Apt. #, etc.
28: City & State: MIAMI, FL
29: Zip: 33156
30: Country: U.S.

4. FEI Number: 65-0023663 ☐ 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

HALPERN, SHEILA A.
4000 SOUTHEAST FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: SHEILA A. HALPERN
82 Street Address (P.O. Box Number is Not Acceptable): 5780 S.W. 118 STREET
83: [redacted]
84 City: MIAMI FL 85 Zip Code: 33156

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: Sheila A. Halpern — SHEILA A. HALPERN (NOTE: Registered Agent Signature Required) — March 20, 1996 (DATE)

Signature, typed or printed name of registered agent and date if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HALPERN, SHEILA A. 4000 S.E. FINANCIAL CNTR MIAMI, FL 33131	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 5780 S.W. 118 ST MIAMI, FL 33156	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HALPERN, SHEILA A. 4000 S.E. FINANCIAL CNTR MIAMI, FL 33131	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 5780 S.W. 118 ST. MIAMI, FL 33156	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HALPERN, SHEILA A. 4000 S.E. FINANCIAL CNTR MIAMI, FL 33131	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 5780 SW. 118 ST. MIAMI, FL 33156	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (12/95)

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: Sheila A Halpern, Pres. — March 20, 1996 (Date) — (305) 661-2557 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR