FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**	GREAT SEAL OF THE STATE OF FLORIDA	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K10089 (6)

1. Corporation Name

MITCHELL S. GOLDMAN, P.A.

Principal Place of Business

% MITCHELL S. GOLDMAN, ESQ.
96 WILLARD ST, MARINER SQUARE, STE 202
COCOA FL 32922

Mailing Address

% MITCHELL S. GOLDMAN, ESQ.
96 WILLARD ST, MARINER SQUARE, STE 202
COCOA FL 32922

3. Date Incorporated or Qualified	**3a.** Date of Last Report
12/30/1987	04/26/1995

2. Principal Place of Business **21**	**2a.** Mailing Address **26**	**4.** FEI Number 59-2864807	Applied For Not Applicable
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State **23**	City & State **28**	**6.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip **24**	Country **25**	Zip **29**	Country **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent		**10.** Name and Address of New Registered Agent
GOLDMAN, MITCHELL S., ESQ. 96 WILLARD ST MARINER SQUARE, STE 202 COCOA FL 32922	**81** Name **82** Street Address (P.O. Box Number is Not Acceptable) **83** **84** City	**85** Zip Code FL

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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **VP**	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME **PRESNICK, DAVID**		1 2 NAME	
STREET ADDRESS **96 WILLARD ST**		1 3 STREET ADDRESS	
CITY-ST-ZIP **COCOA FL**		1 4 CITY-ST-ZIP	
TITLE	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

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: _Mitchell S. Goldman_   4-6-96   407-639-1320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #