

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>DOCUMENT # K12061 (3)</b> 1. Corporation Name <b>SALVATORE V. FIORE, P.A.</b>	
Principal Place of Business <b>400 SE 8TH ST FT. LAUDERDALE FL 33316-1124</b>	Mailing Address <b>400 SE 8TH ST FT. LAUDERDALE FL 33316-1124</b>



2. Principal Place of Business <b>800 EAST BROWARD BLVD.</b>		2a. Mailing Address <b>800 EAST BROWARD</b>		3. Date Incorporated or Qualified <b>01/13/1988</b>	3a. Date of Last Report <b>02/16/1996</b>
Suite, Apt. #, etc. <b>Suite 400</b>		Suite, Apt. #, etc. <b>Suite 400</b>		4. FEI Number <b>65-0044839</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>Ft. Lauderdale, FL</b>		City & State <b>Ft. Lauderdale, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip <b>33301</b>	Country <b>Broward</b>	Zip <b>33301</b>	Country <b>Broward</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FIORE, SALVATORE V. 400 SE 8TH ST FT. LAUDERDALE FL 33316</b>				10. Name and Address of New Registered Agent 81 Name <b>FIORE, SALVATORE V.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>800 EAST BROWARD</b> 83 <b>Suite 400</b> 84 City <b>Ft. Lauderdale</b> <b>FL</b> 85 Zip Code <b>33301</b>	
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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 *Salvatore V. Fiore* *Salvatore V. Fiore* DATE **4-25-97**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FIORE, SALVATORE V.</b>		1.2 NAME <b>FIORE, SALVATORE V.</b>	
STREET ADDRESS <b>400 SE 8TH ST</b>		1.3 STREET ADDRESS <b>800 EAST BROWARD BLVD. Ste 400</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		1.4 CITY-ST-ZIP <b>Ft. Lauderdale, FL 33301</b>	
TITLE  	<input type="checkbox"/> DELETE	2.1 TITLE  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME  		2.2 NAME  	
STREET ADDRESS  		2.3 STREET ADDRESS  	
CITY-ST-ZIP  		2.4 CITY-ST-ZIP  	
TITLE  	<input type="checkbox"/> DELETE	3.1 TITLE  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME  		3.2 NAME  	
STREET ADDRESS  		3.3 STREET ADDRESS  	
CITY-ST-ZIP  		3.4 CITY-ST-ZIP  	
TITLE  	<input type="checkbox"/> DELETE	4.1 TITLE  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME  		4.2 NAME  	
STREET ADDRESS  		4.3 STREET ADDRESS  	
CITY-ST-ZIP  		4.4 CITY-ST-ZIP  	
TITLE  	<input type="checkbox"/> DELETE	5.1 TITLE  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME  		5.2 NAME  	
STREET ADDRESS  		5.3 STREET ADDRESS  	
CITY-ST-ZIP  		5.4 CITY-ST-ZIP  	
TITLE  	<input type="checkbox"/> DELETE	6.1 TITLE  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Salvatore V. Fiore* *SALVATORE V. FIORE* 4/25/97(954)-522-9991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)