

**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 # K37284 (2)**

1. Corporation Name:

**FLORIDA PROFESSIONAL ENTERPRISES, INC.**



Principal Place of Business: **16855 NE 2ND AVENUE SUITE #303 N. MIAMI BCH FL 33162**  
Mailing Address: **16855 NE 2ND AVENUE SUITE #303 N. MIAMI BCH FL 33162**

3. Date Incorporated or Qualified: **09/28/1988**  
3a. Date of Last Report: **06/29/1995**  
4. FEI Number: **65-0199526**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

**9. Name and Address of Current Registered Agent**

**GOLDBERG, MICHAEL  
16855 NE 2 AVE 303  
N. MIAMI BCH FL 33162**

**10. Name and Address of New Registered Agent**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City: **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.01(1) and 607.15(6), 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 607.05(6), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of Registered Agent (Print Name and Title) \_\_\_\_\_ Date Registered Agent Signature (Print Name and Title) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DELETE	1. TITLE	Change Addition
PD LEVINE, JACK 16855 NE 2 AVE 303 N. MIAMI BCH FL	<input type="checkbox"/>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D GOLDBERG, MICHAEL 16855 NE 2 AVE 303 N. MIAMI BCH FL	<input type="checkbox"/>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/>	2.1 STREET ADDRESS	
	<input type="checkbox"/>	2.2 CITY, ST, ZIP	
	<input type="checkbox"/>	2.3 NAME	
	<input type="checkbox"/>	2.4 STREET ADDRESS	
	<input type="checkbox"/>	2.5 CITY, ST, ZIP	
	<input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	3.2 NAME	
	<input type="checkbox"/>	3.3 STREET ADDRESS	
	<input type="checkbox"/>	3.4 CITY, ST, ZIP	
	<input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	4.2 NAME	
	<input type="checkbox"/>	4.3 STREET ADDRESS	
	<input type="checkbox"/>	4.4 CITY, ST, ZIP	
	<input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	5.2 NAME	
	<input type="checkbox"/>	5.3 STREET ADDRESS	
	<input type="checkbox"/>	5.4 CITY, ST, ZIP	
	<input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	6.2 NAME	
	<input type="checkbox"/>	6.3 STREET ADDRESS	
	<input type="checkbox"/>	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 supplementary 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, 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 charged with an appointment with an address.

SIGNATURE: *[Signature]* **President 2/23/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)