FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FUORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

(0)

STEVEN HERMAN, P.A.

Principa' Place of Business Mailing Address						a all deren mit die da merme aucht diene	1444 M1311 M1511 B16	** ***** **** **** *****	
38537 FIFTH A		ZEPHYRHILL	38537 FIFTH AVE. ZEPHYRHILLS FL 33540 US						
US		US				3. Date Incorporated or Qualified	3a. Date of	•	
						07/27/1989	U5/3	1/1995	
2. Principal Pla	ce of Business	<u>├</u> ─┐	2a. Mailing Address			4. FEI Number Applied For Not Applied be			
21		·	26 Critic Act # oto			\$8.75 Additional			
Suite, Apt. #	, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired		Fee Required	
City & State			City & State			6. Election Campaign Financing		\$5.00 May Be	
23		28				Trust Fund Contribution		Added to Fees	
Zip Country		Zip				8. This corporation has liability for intangible tax under s 199.032,			
24	25 29		30	30		Florida Statutes Yes No			
	9. Name and Address of Co	urrent Registered Age	nt	-		10. Name and Address of New F	egistered Ag	ent	
				81	Name				
HERMAN,					Street Addr	ess (P.O. Box Number is Not Acceptable)			
38537 FIF				83					
ZEPHYRH	iills fl 33540			63					
				84	City		FL	85 Zip Code	
44 5	- Dr of Continue 607	0500 and 607 1508 File	orida Statutes, the	ahove:	named coroo	ration submits this statement for the pu	mose of chang	ing its registered office	
or registere	ed agent, or both, in the State of h, and accept the obligations of,	Honda. Such change v	vas authorized by .	the corp	ioration's boa	and of directors. Theraby accept the app	ointment as re	gistered agent I am	
SIGNATURE _	Signative typod or printed name of registers	rational designation of the	(NOTE Box)	vžerod Aur	nt Sicknature record	ad when redstating	EATE		
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	ICERS AND D	RECTORS IN 12	
TITLE	DP		DELETE	1 1 T.TLE				Change Addition	
NAME	HERMAN, STEVEN			1.2 NAME	1				
STREET ADDRESS	38537 FIFTH AVE.			13 STREET	RADÓRESS				
CITY - ST - ZIP	ZEPHYRHILLS FL.			14 CITY - 9	ST - ZIP				
TITLE			DELETE	2 1 TITLE				Change	
NAMÉ				2.2 NAME	1				
STREET ADDRESS				23 \$1866	I ADDRESS				
CITY-ST-ZIP			OF LETE	24 CHY-1				Change Addition	
TITLE		L	DELETE	3 1 TITLE				orange nominal	
NAME			1	3.2 NAME	T ADDRESS				
STREET ADDRESS				3.4 CITY -	ET ADDRESS				
CITY-ST-ZIP			DELETE	4 1 TIFLE				Change Addition	
TITLE NAME		لبا		4.2 NAME			_	•	
STREET ADDRESS					T ADDRESS				
CITY - S1 - ZIP				4.4 CITY -	}				
TITLE			DELETE	5 1 TITLE				Change	
NAME				5 2 NAME					
STREET ADDRESS			-	5 3 STREE	LADDRESS				
CITY-ST-ZIP				5.4 CHY -	S1 - ZIF			Observe T 4 dd C	
TITLE			DELETE	6 1 TITLE				Change Addition	
NAME				6.2 NAME					
STREET ADDRESS					T ADDRESS				
CITY - ST - ZIP				6 4 CITY-	ST-ZIP	January tion stated in Front in 44	O OTIONIC CIEC	da Statutee I further	
14. I do heret	by certify that the information sup	oplied with this filing is vo is annual report or supp	biuntarily furnished Iemental annual re	r and do eport is te	es not qualify rue and accu	for the exemption stated in Section 11 rate and that my signature shall have the	e same legal e	flect as if made under	

certify that the information impeated on this arrival report of supplemental arrival report is not accurate and that my signature shall have the same eight energy as made that 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: V

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OF CHECTOR