

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L09903** (0)

1. Corporation Name  
**PETER W. MARGOLIN, P.A.**



Principal Place of Business  
**2424 NORTH FEDERAL HWY.  
SUITE 450  
BOCA RATON FL 33431**

Main Address  
**2424 NORTH FEDERAL HWY.  
SUITE 450  
BOCA RATON FL 33431**

2. Principal Place of Business

2a. Mailing Address

21 Street Apt. #, etc.

26 Street Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

**MARGOLIN, PETER W.  
SUITE 450  
2424 NORTH FEDERAL HIGHWAY  
BOCA RATON FL 33431**

3. Date Incorporated or Qualified **08/18/1989** 3a. Date of Last Report **08/02/1995**  
4. FID Number **65-0148312** 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  
10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.04(3) and 612.15(8), 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. Its corporate name was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am not a wife, a minor, or the subject of a Section 607.01(4)(b) Florida Statutes.

SIGNATURE (Date) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE <input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PVS MARGOLIN, PETER W.</b>	2. NAME
STREET ADDRESS <b>2424 N. FEDERAL HWY 450</b>	3. STREET ADDRESS
CITY, STATE, ZIP <b>BOCA RATON FL TD</b>	4. CITY, STATE, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARGOLIN, PETER W.</b>	5. NAME
STREET ADDRESS <b>2424 N. FEDERAL HWY 450</b>	6. STREET ADDRESS
CITY, STATE, ZIP <b>BOCA RATON FL</b>	7. CITY, STATE, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	8. TITLE
NAME	9. NAME
STREET ADDRESS	10. STREET ADDRESS
CITY, STATE, ZIP	11. CITY, STATE, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	12. TITLE
NAME	13. NAME
STREET ADDRESS	14. STREET ADDRESS
CITY, STATE, ZIP	15. CITY, STATE, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	16. TITLE
NAME	17. NAME
STREET ADDRESS	18. STREET ADDRESS
CITY, STATE, ZIP	19. CITY, STATE, ZIP

14. I hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information reflected on this annual report or application for 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 trustee or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of the report or application for annual report.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)