

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L53985** (2)

1. Corporation Name  
**LARRY JAY SAFRON, P.A.**



Principal Place of Business <b>3475 SHERIDAN ST. #215-A HOLLYWOOD FL 33021 US</b>	Mailing Address <b>3475 SHERIDAN ST. #215-A HOLLYWOOD FL 33021 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 4600 SHERIDAN ST</b> Suite, Apt. #, etc. <b>22 SUITE 303</b> City & State <b>23 HOLLYWOOD, FL</b> Zip <b>24 33021</b>		2a. Mailing Address <b>26 4600 SHERIDAN ST.</b> Suite, Apt. #, etc. <b>27 SUITE 303</b> City & State <b>28 HOLLYWOOD, FL</b> Zip <b>29 33021</b>		3. Date Incorporated or Qualified <b>03/01/1990</b>	
		4. FEI Number <b>65-0182252</b>		Applied For <input type="checkbox"/> Not Applicable	
		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>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**SAFRON, LARRY JAY  
3475 SHERIDAN ST.  
STE. 215-A  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name <b>LARRY JAY SAFRON</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4600 SHERIDAN ST.</b>
83 <b>SUITE 303</b>
84 City <b>HOLLYWOOD</b>
85 Zip Code <b>FL 33021</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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]*

4/17/98

*[Signature]*

Signature, typed or printed name of registered agent and term, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAFRON, LARRY JAY</b>	1.2 NAME	
STREET ADDRESS	<b>3475 SHERIDAN ST., STE. 215-A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	1.4 CITY-ST-ZIP	
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 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

*[Signature]*

4/17/98

(954) 961-3466

CP2E034 (10/97)