

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 # L87003 (4)

1. Corporation Name
DSK-OPH, INC.



Principal Place of Business 500 E BROWARD BLVD. SUITE 1950 FT LAUDERDALE FL 33394	Mailing Address 500 E BROWARD BLVD. SUITE 1950 FT LAUDERDALE FL 33394
---	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/11/1990		3a. Date of Last Report 02/14/1995	
21		26		4. FEI Number 65-0202239		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent ADLER, MITCHELL D. ESQUIRE MOMBACH, BOYLE AND HARDIN, PA 500 EAST BROWARD BLVD, SUITE 1950 FT LAUDERDALE FL 33394				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 607.0502 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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D <input type="checkbox"/> DELETE			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KAMELHAIR, STEVEN R			1.2 NAME			
STREET ADDRESS	7260 SW 7TH ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL			1.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE			2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEMEROFSKY, STEPHEN L			2.2 NAME			
STREET ADDRESS	6121 BANYON TERR			2.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL			2.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROLNICK, AUDIE M			3.2 NAME			
STREET ADDRESS	2925 MEADOW LANE			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			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 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 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: Steven Kamelhair President Steven Kamelhair 4/3/96 954 797 4924

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

CR2E034 (12/95)