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 # **L95821** **(9)**

1. Corporation Name

PAUL L. FEINSMITH, P.A.

Principal Place of Business

1730 N. 55TH AVE.
HOLLYWOOD FL 33021
US

Mailing Address

1730 N. 55TH AVE.
HOLLYWOOD FL 33021
US

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated (or Qualified) **08/10/1990**

3a. Date of Last Report **05/01/1995**

4. FEI Number **65-0214019** 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 is a small business, for purposes of Section 119.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

FEINSMITH, PAUL L.
1730 N. 55TH AVE.
HOLLYWOOD FL 33021

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 Section 607.0505, 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 corporation is duly authorized to do business in Florida. The corporation hereby accepts the appointment as registered agent and is familiar with and accepts the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	[ ] DELETE
NAME	**PSTD**
STREET ADDRESS	**FEINSMITH, PAUL L.**
CITY, ST, ZIP	**1730 N 55 AVE** **HOLLYWOOD FL**
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Add
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	[ ] Change [ ] Add
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	[ ] Change [ ] Add
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	[ ] Change [ ] Add
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	[ ] Change [ ] Add
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	[ ] Change [ ] Add
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is true and correct, to the best of my knowledge, for the purposes of Section 119.032(2)(a), Florida Statutes. Further, I certify that the information contained in this document or supplied with this report is true and correct. I have the authority to do so. I understand that I am subject to the penalties provided for in Section 119.032(2)(b), Florida Statutes, and that my name appears in Block 12 or Block 13 of this document or on a separate attachment with an address.

SIGNATURE: PAUL L. FEINSMITH 4/16/96 (954) 964-6340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)