

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M03313** (7)

1. Corporation Name
JOHN R. SORKIN, P.A.

Principal Place of Business
**4700 SHERIDAN ST
HOLLYWOOD FL 33021**

Mailing Address
**4700 SHERIDAN ST
HOLLYWOOD FL 33021**



2. Principal Place of Business

2a. Mailing Address

21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

**SORKIN, JOHN R.
4700 SHERIDAN ST
HOLLYWOOD FL 33021**

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

3. Date Incorporated or Qualified **08/01/1984** 3a. Date of Last Report **05/23/1995**
4. FEI Number **59-2489957** 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

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

Signature type or period name of signing officer or director

MAIL Registered Agent's name and address (optional)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE [] DELETE
NAME **PST SORKIN, JOHN R.**
STREET ADDRESS **4700 SHERIDAN ST HOLLYWOOD FL**
CITY-ST-ZIP **VD**
TITLE [] DELETE
NAME **SORKIN, JOHN R.**
STREET ADDRESS **4700 SHERIDAN ST HOLLYWOOD FL**
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

1. TITLE [] Change [] Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP [] Change [] Addition
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP [] Change [] Addition
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP [] Change [] Addition
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP [] Change [] Addition
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP [] Change [] Addition

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)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplement of 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, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 (954) 963-6260
DATE DAYTIME PHONE

CR2E034 (12/95)