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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 07 1997 8:00am Secretary of State

DOCUMENT # MO3313 1. Corporation Name JOHN R. SORKIN, P.A.  Principal Place of Business 4700 SHERIDAN ST  Mailing Address 4700 SHERIDAN ST									
OCTTANOOD		HOLLYWOOD !	FL 33021-341	6		:	······································		
						3. Date incorporated or Qualified 08/01/1984		ate of Last <b>10/1996</b>	Report
	Place of Business	2a, Malling Ad	ddress			4. FEI Number 59-2489957		1	Applied For
∐ Suite, Apt ⊓	t. #, etc	26 Suite Apt	. #, etc.			5. Certificate of Status Desired		\$8.75	Not Applicable Additional
City & Sta	ile	City & Sta	te		<del></del>	6. Election Campaign Financing			Required  May Be
1		28			<del></del>	Trust Fund Contribution		Adde	d to Fees
2φ ]	Country 25	Zip 29		Country 30	<i>†</i>	This corporation has liability for Florida Statutes	intangible ☑ Yes [		s. 199.032,
	9, Name and Address of		nt		T	10. Name and Address of New Re	gistered	Agent	
	RKIN, JOHN R.			81	Name				
	XO SHERIDAN ST LLYWOOD FL 33021		•	82	Street Add	dress (P.O. Box Number is Not Acceptat	ole)		
,,,,				83					
				84	City			85 Zij	Code
				•			FL	. 1	
	t to the provisions of Sections 6 registered agent, or both, in th am familiar with, and accept th	507.0502 and 607.1508, Flue State of Florida Such of e obligations of Section 6	orida Statule nange was a 07.0505, Flo	es, the abov authorized by orida Statute	e-named cor y the corpora s.	poration submits this statement for the pation's board of directors. I hereby accept	ourpose o	f changing pointment a	its registered is registered
SIGNATURE 2.	Segmenter ig pend or product name of regular	steres ayout and title if applicable. RS AND DIRECTORS	(NO1)	E: Registered Ag		poration submits this statement for the pation's board of directors. I hereby acception when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	DIRECTO	DRS IN 12
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14. I do hereby certify that the information supplied with this hing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. Further certify that the information inclicated on this armual 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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/97 954 965-620

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