

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M04779 (8)**

1. Corporation Name
LAURENCE J. JAFFE, P.A.



Principal Place of Business: **12660 S.W. 69 CT. MIAMI FL 33156**
Mailing Address: **12660 S.W. 69 CT. MIAMI FL 33156**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
Zip					Zip				
Country					Country				

3. Date Incorporated or Qualified	3a. Date of Last Report
09/05/1984	04/13/1995
4. FEI Number	Applied For
59-2500458	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JAFFE, LAURENCE J.
12660 S.W. 69 CT.
MIAMI FL 33156**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.02(2) and 607.15(4), Florida Statutes, I, the undersigned, a duly authorized officer or director of the corporation, hereby certify that the information furnished herein is true and correct. The undersigned is appointed as registered agent. I am familiar with and accept the obligations of Section 607.02(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELET
NAME	JAFFE, LAURENCE J.	
STREET ADDRESS	12660 S.W. 69 CT.	
CITY, ST, ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELET
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELET
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELET
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15	NAME	
16	STREET ADDRESS	
17	CITY, ST, ZIP	
18	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19	NAME	
20	STREET ADDRESS	
21	CITY, ST, ZIP	
22	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23	NAME	
24	STREET ADDRESS	
25	CITY, ST, ZIP	
26	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27	NAME	
28	STREET ADDRESS	
29	CITY, ST, ZIP	
30	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31	NAME	
32	STREET ADDRESS	
33	CITY, ST, ZIP	

14. I, the undersigned, hereby certify that the information supplied in this report is true and correct. I am a duly authorized officer or director of the corporation and I am familiar with and accept the obligations of Section 607.02(2), Florida Statutes. I further certify that the information furnished herein is true and correct. The undersigned is appointed as registered agent. I am familiar with and accept the obligations of Section 607.02(2), Florida Statutes.

SIGNATURE *Laurence Jaffe* **LAURENCE J. JAFFE** 4/16/96 (305) 255-3097

CR2E034 (12/95)