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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF \$1A16 Sandra B. Mortham Secretary of State

	1996	DIVISION OF C	ORPORATIONS		
1. Corporation		373 (4)			
ALAN I	M. SHAFF, D.C., P.A.			i H ibrida di ibi dibah dalah dalah ibida di ib	RKUM BURM RABA AMBA AMBA BABA BABA 1880
Principal Place	of Business	Mailing Address			
% ALAN M. SHAFF 4801 LINTON BLVD SUITE 9-A DELRAY BEACH FL 33445		% ALAN M. SHAFF			
		4801 LINTON BLVD SUIT DELRAY BEACH FL 33445			
		DECIDIT DENOTITE COSTS	,	3. Date Incorporated or Qualified 38 07/23/1985	Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		4. FET Number	03/15/1995 Applied For
Suite, Apt.	th etc	26		59-2586620	Not Applicable
22	#, Etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Country	8. This corporation has liability for intan	
24	9. Name and Address of Co	29 3 urrent Registered Agent	30	Florida Statutos Yes [] 10. Name and Address of New Regis	ř.
			81 Name		
SHAFF, ALAN M.			82 Street Add	Address (P.O. Box Number is Not Acceptable)	
SUITE 9	NTON BLVD. La		83		
	BEACH FL 33445		84 City		
44 63		* 2			FL 85 Zip Code
or register familiar wit	en agont or boar, in the atate or	Fiorida: Such change was authorized.	the above named corpo by the corporation's boa	oration submits this statement for the purpose and of directors. Thereby accept the appointm	of changing its registered office ent as registered agent. I am
SIGNATURE	th, and a pept the obligation of	Section 607 9505 Elorida Statutes.			
12.	Ster at use, but do or printed the of real large		Ragistered Agent signar in lieuwin		DATE
TILE	DP	S AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIFIECTORS IN 12 Change Addition
NAME	SHAFF, ALAN M.	<u>_</u>	12 NAME		C cue de E vontituit
STREET ALIOPESS	17441 SPRINGTREE LAN	E	1.3 STREET ADDRESS		
CHY-ST-ZIP	BOCA RATON FL	C Price	14 C-1 Y - ST - Z-P		
THLE NAME		DELETE	2 1 TOTHE 2 2 NAME		☐ Change ☐ Addition
STREET ADDRESS			2.2 NAM: 2.3 STREET ADDRESS		
CiTY-ST-7iP			2 4 CHY - \$1 - ZIF		
TITLE		☐ DELETE	3 1 THE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
COTY - ST - ZIP		DELETE	3.4 CITY - ST - 7IP		
NAME		L') Dette	4 1 TITLE 4 2 NAME		Change Addition
STHEET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - 7IP			4.4 CiTY - ST - ZiP		
TITLE		DELE E	5 1 TITLE	~ · · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CHY-ST-ZIP TITLE		DELETE	5.4 City-\$1-7iP		
NAME		[_] vecte	6 1 THEF		Change Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4.0/TY-ST-7/P		
	certify that the information supp	ied with this filing is voluntarily furnishe	ed and does not qualify f	or the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

To hereby certify that the information supplied with this filing is voluntarily furnished and doos 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 is suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Brock 13 if chapged, or on an attachment with an address.

SIGNATURE: X

Alan M. Shaff, Pres

X 3/28/96 X 407-495-4557