

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 # **M18373** (4)

1. Corporation Name

ALAN M. SHAFF, D.C., P.A.



Principal Place of Business

% **ALAN M. SHAFF**
4801 LINTON BLVD., SUITE 9-A
DELRAY BEACH FL 33445

Mailing Address

% **ALAN M. SHAFF**
4801 LINTON BLVD., SUITE 9-A
DELRAY BEACH FL 33445

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/23/1985

3a. Date of Last Report

03/15/1995

4. FET Number

59-2586620

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

9. Name and Address of Current Registered Agent

SHAFF, ALAN M.
4801 LINTON BLVD.
SUITE 9-A
DELRAY BEACH FL 33445

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 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent's signature is required when the existing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **SHAFF, ALAN M.**
STREET ADDRESS **17441 SPRINGTREE LANE**
CITY-ST-ZIP **BOCA RATON FL**

1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition

7 TITLE ☐ Change ☐ Addition

8 TITLE ☐ Change ☐ Addition

9 TITLE ☐ Change ☐ Addition

10 TITLE ☐ Change ☐ Addition

11 TITLE ☐ Change ☐ Addition

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26 TITLE ☐ Change ☐ Addition

27 TITLE ☐ Change ☐ Addition

28 TITLE ☐ Change ☐ Addition

29 TITLE ☐ Change ☐ Addition

SIGNATURE: X *[Signature]* Alan M. Shaff, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (12/95)