

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

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M21948 (8)

1. Corporation Name
HOWARD P. ALTERMAN, P.A.



Principal Place of Business 739 E. ATLANTIC BLVD. SUITE 103 POMPANO BEACH FL 33060	Mailing Address 739 E. ATLANTIC BLVD. SUITE 103 POMPANO BEACH FL 33060-6345
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3. Date Incorporated or Qualified 10/15/1985	3a. Date of Last Report 08/12/1996
4. FEI Number 59-2587494	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 701 Southeast 6th Avenue Suite, Apt. #, etc. 22 200 City & State 23 Delray Beach, Florida Zip 24 33483 Country 25 USA	2a. Mailing Address 26 701 Southeast 6th Avenue Suite, Apt. #, etc. 27 200 City & State 28 Delray Beach, Florida Zip 29 33483 Country 30 USA
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9. Name and Address of Current Registered Agent ALTERMAN, HOWARD P. 739 E. ATLANTIC BLVD. POMPANO BEACH FL 33060	10. Name and Address of New Registered Agent 81 Name Alterman, Howard P. 82 Street Address (P.O. Box Number is Not Acceptable) 701 Southeast 6th Avenue 83 Suite 200 84 City Delray Beach, FL 85 Zip Code 33483
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTERMAN, HOWARD P.	12 NAME	
STREET ADDRESS	739 E. ATLANTIC BLVD.	13 STREET ADDRESS	701 Southeast 6th Avenue Suite 200
CITY-ST-ZIP	POMPANO BEACH FL	14 CITY-ST-ZIP	Delray Beach, Florida 33483
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, unchanged, or on an attachment with an address.

SIGNATURE:  DATE: **4/7/97** DAYTIME PHONE #: **561-265-2177**

CR2E034 (9/96)