


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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M84915 (1) 1. Corporation Name JEFFREY S. GOLDMAN, P.A.					
Principal Place of Business % JEFFREY S. GOLDMAN, ESO. 217 N. EOLA DRIVE ORLANDO FL 32801			Mailing Address % JEFFREY S. GOLDMAN, ESO. 217 N. EOLA DRIVE ORLANDO FL 32801-3036		
2. Principal Place of Business 21 5 OLD POST ROAD Suite, Apt. #, etc.		2a. Mailing Address 26 PO BOX 950986 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/10/1988	
22 City & State 23 LONGWOOD, FL		27 City & State 28 LAKE MARY, FL		4. FEI Number 59-2908029	
24 32779		25 SEMINOLE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 32795-0986		30 SEMINOLE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent GOLDMAN, JEFFREY S. 217 N. EOLA DRIVE ORLANDO FL 32801			10. Name and Address of New Registered Agent 81 Name JEFFREY S. GOLDMAN 82 Street Address (P.O. Box Number is Not Acceptable) 5 OLD POST ROAD 83 84 City LONGWOOD FL 85 Zip Code 32779		
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 JEFFREY S. GOLDMAN DATE 4/10/97					
12. OFFICERS AND DIRECTORS TITLE DPS <input type="checkbox"/> DELETE NAME GOLDMAN, JEFFREY S. STREET ADDRESS 217 N. EOLA DRIVE CITY-ST-ZIP ORLANDO FL			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 5 OLD POST ROAD 1.4 CITY-ST-ZIP LONGWOOD, FL 32779		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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 if changed, or on an attachment with an address.					
SIGNATURE: JEFFREY S. GOLDMAN DATE: 4/10/97 DAYTIME PHONE: 407 805-0586					



CR2E034 (9/96)