

**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

APPROVED AND FILED

96 JAN 24 AM 11:34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M95228 (6)

1. Corporation Name  
GARY R. SASLAW, P.A.



Principal Place of Business: 20801 BISCAYNE BLVD SUITE 304 NORTH MIAMI BEACH FL 33180-1422 US  
Mailing Address: 20801 BICAYNE BLVD STE 304 N. MIAMI BEACH FL 33180 US

3. Date Incorporated or Qualified: 08/22/1988  
3a. Date of Last Report: 01/13/1995  
4. FEI Number: 65-0070948  
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SASLAW, GARY  
20801 BISCAYNE BLVD STE 304  
N. MIAMI BEACH FL 33180

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE: DP  
NAME: SASLAW, GARY  
STREET ADDRESS: 20801 BISCAYNE BLVD, STE 304  
CITY-ST-ZIP: N. MIAMI BEACH FL  
[DELETED]  
[DELETED]  
[DELETED]  
[DELETED]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: [Change] [Addition]  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE: [Change] [Addition]  
2.2 NAME  
2.3 STREET ADDRESS: 900001708039  
-02/06/96--01092--020  
\*\*\*\*200.00 \*\*\*\*200.00  
2.4 CITY-ST-ZIP  
3.1 TITLE: [Change] [Addition]  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE: [Change] [Addition]  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE: [Change] [Addition]  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE: [Change] [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 is voluntarily furnished and does 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 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: \_\_\_\_\_ PRESIDENT 1/16/96 305-682-0200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)