

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N43784 (0)
1. Corporation Name
THE SOUTH FLORIDA SOFTDENT USERS GROUP, INC.

95 FEB 20 AM 11:06

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1051 N 35TH AVE SUITE 202 HOLLYWOOD FL 33021-5462
1051 N 35TH AVE SUITE 202 HOLLYWOOD FL 33021-5462

3. Date Incorporated or Qualified 06/10/1991	3a. Date of Last Report 02/15/1994
4. FEI Number 65-0279410	Applied For <input 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**GORDON, HARVEY P DDS
1051 N 35TH AVE
SUITE 202
HOLLYWOOD FL 33021-5462**

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Harvey P. Gordon DATE 2/1/95
Signature, typed or printed name of registered agent and CEO if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TSCHIRHART, BRIAN 550 BRICKEL AVE., SUITE 307 MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV KATES, CHARLES 1 N.E. 168TH ST. N. MIAMI BCH. FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SIEGEL, ARNOLD 6427 LAKE WORTH RD. LAKE WORTH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS KNOLLER, JAY 1238 ROYAL PALM BCH. BLVD. ROYAL PALM BCH. FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNOLL, FREDERICK 951 N.E. 167TH ST., SUITE 208 N. MIAMI BCH. FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GORDON, HARVEY 1051 N. 35TH AVE., SUITE 202 HOLLYWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DP SIEGEL, ARNOLD 6427 LAKE WORTH RD LAKE WORTH, FL 33463 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	DV KNOLLER, JAY 1236 ROYAL PALM BCH BLVD ROYAL PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DT SELZ, ROBERT 2500 E HALLANDALE BCH BLVD #700 HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	DS EISENBERG, ROBERT 2200 W GLADES RD #610 BOCA BATON, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D KANOWITZ, STANLEY 8383 PINES BLVD PEMBROKE PINES, FL 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D GORDON, HARVEY 1051 N 35th AV STE 202 HOLLYWOOD, FL 33021 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harvey P. Gordon DATE 2/1/95 305-963-3535
Signature and typed or printed name of signing officer or director Date Filing Fee \$