

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 06/10/1991
3a. Date of Last Report: 02/20/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
25	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GORDON, HARVEY P DDS 1051 N 35TH AVE SUITE 202 HOLLYWOOD FL 33021-5462				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Harvey P. Gordon* DATE: 3/25/96
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIEGEL, ARNOLD		1.2 NAME	Knoller, JAY			
STREET ADDRESS	6427 LAKE WORTH RD		1.3 STREET ADDRESS	1236 Royal Palm Bch Blvd			
CITY - ST - ZIP	LAKE WORTH FL		1.4 CITY - ST - ZIP	Royal Palm Bch, FL 33411			
TITLE	DV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNOLLER, JAY		2.2 NAME	SELZ, ROBERT			
STREET ADDRESS	1236 ROYAL PALM BEACH BLVD		2.3 STREET ADDRESS	2500 Hallandale Bch Blvd #700			
CITY - ST - ZIP	ROYAL PALM BEACH FL		2.4 CITY - ST - ZIP	Hallandale, FL 33009			
TITLE	DT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SELZ, ROBERT		3.2 NAME	EISENBERG, ROBERT			
STREET ADDRESS	2500 E HALLANDALE BCH BLVD #700		3.3 STREET ADDRESS	2200 W Glades Rd Ste 610			
CITY - ST - ZIP	HALLANDALE FL		3.4 CITY - ST - ZIP	Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	DS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNOLLER, JAY		4.2 NAME	KANOWITZ, STANLEY			
STREET ADDRESS	1236 ROYAL PALM BCH. BLVD.		4.3 STREET ADDRESS	8883 Pines Blvd			
CITY - ST - ZIP	ROYAL PALM BCH. FL		4.4 CITY - ST - ZIP	Pembroke Pines, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNOLL, FREDERICK		5.2 NAME				
STREET ADDRESS	951 N.E. 167TH ST., SUTIE 208		5.3 STREET ADDRESS				
CITY - ST - ZIP	N. MIAMI BCH. FL		5.4 CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GORDON, HARVEY		6.2 NAME				
STREET ADDRESS	1051 N. 35TH AVE., SUITE 202		6.3 STREET ADDRESS				
CITY - ST - ZIP	HOLLYWOOD FL		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 617, 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: 3/25/96 954 963-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
HARVEY P. GORDON

CR2E037 (12/95)