

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

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

02/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0279410

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 Zip Code

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

Signature, typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

3/25/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SIEGEL, ARNOLD	
STREET ADDRESS	6427 LAKE WORTH RD	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	KNOLLER, JAY	
STREET ADDRESS	1236 ROYAL PALM BEACH BLVD	
CITY - ST - ZIP	ROYAL PALM BEACH FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SELZ, ROBERT	
STREET ADDRESS	2500 E HALLANDALE BCH BLVD #700	
CITY - ST - ZIP	HALLANDALE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	KNOLLER, JAY	
STREET ADDRESS	1236 ROYAL PALM BCH. BLVD.	
CITY - ST - ZIP	ROYAL PALM BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNOLL, FREDERICK	
STREET ADDRESS	951 N.E. 167TH ST., SUITE 208	
CITY - ST - ZIP	N. MIAMI BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GORDON, HARVEY	
STREET ADDRESS	1051 N. 35TH AVE., SUITE 202	
CITY - ST - ZIP	HOLLYWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Knoller, JAY	
13 STREET ADDRESS	1236 Royal Palm Bch Blvd	
14 CITY - ST - ZIP	Royal Palm Bch, FL 33411	
21 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SELZ, ROBERT	
23 STREET ADDRESS	2500 Hallandale Bch Blvd #700	
24 CITY - ST - ZIP	Hallandale, FL 33009	
31 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	EISENBERG, ROBERT	
33 STREET ADDRESS	2200 W Glades Rd Ste 610	
34 CITY - ST - ZIP	Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	DS	
42 NAME	KANOWITZ, STANLEY	
43 STREET ADDRESS	8883 Pines Blvd	
44 CITY - ST - ZIP	Pembroke Pines, FL 33024	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARVEY P. GORDON

3/25/96

DATE

954

DAYTIME PHONE #

963-3535

CR2E037 (12/95)