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**Mar 07 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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 04/02/1996
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
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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOLLER, JAY	1.2 NAME	
STREET ADDRESS	1236 ROYAL PALM BCH BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	ROYAL PALM BCH FL	1.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELZ, ROBERT	2.2 NAME	
STREET ADDRESS	2500 HALLANDALE BCH BLVD #700	2.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	2.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENBERG, ROBERT	3.2 NAME	
STREET ADDRESS	2200 W GLADES RD SUITE 610	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANOWITZ, STANLEY	4.2 NAME	
STREET ADDRESS	8883 PINES BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL	4.4 CITY - ST - ZIP	
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., SUITE 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 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 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* HARVEY P. GORDON

26 Feb, 97 954 96

963-3535

CR2E037 (9/96)