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FILED
Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P92000004803 (2)

1. Corporation Name
STEPHEN MAROFSKY, D.C. P.A.



Principal Place of Business
5030 CHAMPION BLVD. RD
STE. G-9
BOCA RATON FL 33496

Mailing Address
5030 CHAMPION BLVD. RD
STE. G-9
BOCA RATON FL 33496

3. Date Incorporated or Qualified 11/12/1992
3a. Date of Last Report 03/12/1996

2. Principal Place of Business
21 21088 LAS BRISAS CIRCU
Suite, Apt. #, etc.

2a. Mailing Address
26 21088 LAS BRISAS CIRCU
Suite, Apt. #, etc.

4. FEI Number 65-0371319
Applied For Not Applicable

22 City & State
23 BOCA RATON, FL

27 City & State
28 BOCA RATON, FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 33433 25 U.S.A

29 33433 30 U.S.A.

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

9. Name and Address of Current Registered Agent
MAROFSKY, STEPHEN
5030 CHAMPION BLVD.
STE. G-9
BOCA RATON FL 33496

10. Name and Address of New Registered Agent
81 Name MAROFSKY, STEPHEN
82 Street Address (P.O. Box Number is Not Acceptable) 21088 LAS BRISAS CIRCU
83
84 City BOCA RATON FL 85 Zip Code 33433

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 *[Signature]* STEPHEN MAROFSKY 3-06-97
Signature of officer or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DPS	
NAME	MAROFSKY, STEPHEN	
STREET ADDRESS	5030 CHAMPION BLVD., STE. G-9	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	V	
NAME	MAROFSKY, BERNARD	
STREET ADDRESS	5030 CHAMPION BLVD., STE. G-9	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	-SAME		
1.2 NAME	-SAME		
1.3 STREET ADDRESS	21088 LAS BRISAS CIRCU		
1.4 CITY-ST-ZIP	BOCA RATON, FL 33433		
2.1 TITLE	SAME		
2.2 NAME	SAME		
2.3 STREET ADDRESS	21088 LAS BRISAS CIRCU		
2.4 CITY-ST-ZIP	BOCA RATON, FL 33433		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* STEPHEN MAROFSKY 3-06-97 / 561-393-3815
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E034 (9/96)