SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000033361 (5)**

1. Corporation Name

CASSANDRA M. CLARK, P.A.

Principal Place of Business	Mailing Address
2643 BARBARA DR **FT LAUDERDALE FL**	**2643 BARBARA DR** **FT LAUDERDALE FL**

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

3. Date Incorporated or Qualified: **05/07/1993**
3a. Date of Last Report: **05/23/1995**
4. FEI Number: **65-0411645**
Applied For / Not Applicable
5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. This corporation has liability for unitary tax under s. 220.03(1)(e) Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

CLARK, CASSANDRA M
2643 BARBARA DR
FT LAUDERDALE FL 33316-3233

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 Section(s) of Section(s) 607.0402 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 Sections 607.0505 Florida Statutes.

SIGNATURE (Required if this is a change) (Required if this is a change) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[ ] DELETE	13.1 TITLE
NAME	CLARK, CASSANDRA M		13.2 NAME
STREET ADDRESS	2643 BARBARA DR		13.3 STREET ADDRESS: 1301-109 RIVER REACH DRIVE
CITY-ST-ZIP	FT LAUDERDALE FL 33316-3233		13.4 CITY-ST-ZIP: FT LAUDERDALE, FL 33315-1159
TITLE		[ ] DELETE	2.1 TITLE
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE		[ ] DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		[ ] DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		[ ] DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		[ ] DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

[X] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(5)(b), Florida Statutes. I further certify that the information indicated on this 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 business agent 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 added to the report or on an attachment with an address.

SIGNATURE: William M Clark PRESIDENT (PRES)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 5, 1996 954-525-2888
Date Daytime Phone Number

CR2E034 (3/96)