

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 # P93000042816 (7)

1. Corporation Name

UMAN AND BEST, P.A.



Principal Place of Business

Mailing Address

580 VILLAGE BLVD.  
SUITE 270  
WEST PALM BEACH FL 33409  
US

580 VILLAGE BLVD.  
SUITE 270  
WEST PALM BEACH FL 33409  
US

2. Principal Place of Business

2a. Mailing Address

21 319 Clematis St

26 319 Clematis St

Suite, Apt #, etc.

Suite, Apt #, etc.

22 211

27 211

City & State

City & State

23 W. Palm Beach, FL

28 W. Palm Beach, FL

Zip

Zip

Country

Country

24 33401

29 33401

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UMAN, JON D  
580 VILLAGE BLVD.  
SUITE 270  
WEST PALM BEACH FL 33409

81 Name Steven J. Best  
82 Street Address (P.O. Box Number is Not Acceptable) 319 Clematis St #211  
83  
84 City W. Palm Beach FL 85 Zip Code 33401

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]*

(NOTE: Registered Agent signature required when registering.)

7-12-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD  
NAME UMAN, JON D  
STREET ADDRESS 580 VILLAGE BLVD., SUITE 270  
CITY-ST-ZIP WEST PALM BEACH FL

11 TITLE PSD  
12 NAME Uman, Jon D  
13 STREET ADDRESS 810 E. University Ave  
14 CITY-ST-ZIP Gainesville, FL 32601

TITLE VTD  
NAME BEST, STEVEN J  
STREET ADDRESS 580 VILLAGE BLVD., SUITE 270  
CITY-ST-ZIP WEST PALM BEACH FL

21 TITLE VTD  
22 NAME Best, Steven J.  
23 STREET ADDRESS 319 Clematis St #211  
24 CITY-ST-ZIP W. Palm Beach, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-96

581-833-4499

CR2E034 (3/96)