## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Scoretary of State

DIVISION OF CORPORATIONS

1996 P93000049288 (2) **DOCUMENT** # 1. Corporation Name

HOWARD J. NUSSBAUM, P.A.



Principal Place o	( Business	 M	ailing Address						
100 WEST CYPRESS CREEK ROAD 100 WEST CYPRESS CI SUITE 805 SUITE 805					D				
FORT LAUDERDALE FL 33309 US			US			3. Date Incorporated or Qualified 07/14/1993 3a. Date of Last Report 09/21/1995			
2. Principal Plac	e of Business	2a	. Mailing Address			4. FEt Nurriber 65-0504775			pplied For lot Applicable
Suite, Apt. #,	etc	27	Suite, Apt #, etc.			5. Certificate of Status Desired			Additional lequired
City & State		28	Orty & State			Election Campaign Financing     Trust Fund Contribution		*	May Be to Fees
Ζφ	Country 25	29	Zip	30	intry	This corporation has liability for Florida Statutes	rintangible ta s □ No	ax under s	199.032,
<u> </u>	g. Name and Address of Curre		stered Agent		,	10. Name and Address of New	Registered	Agent	
					81 Name				
	UM, HOWARD J.				82 Street Addr	ess (P.O. Box Number is Not Accepta	ible)	.=	<u> </u>
100 WEST CYPRESS CREEK ROAD SUITE 805					83				
FORT LA	NUDERDALE FL 33309			ļ	<b>84</b> City		FL	<b>85</b> Zip	Code
11 Pursuant to	the provisions of Sections 607,050	2 and 6	07.1508, Florida Statu	ites, the abo	ve named corpor	ration submits this statement for the proof of directors. Thereby accept the ap-	urpose of ch	anging its re	egistered office
or registere familiar with	id agent, or both, in the State of Flor i, and accept the obligations of, Sec	rida Suc otion 607	m change was authori 7,0505, Florida Statute	zed by the t	огрогион з вос	d of directors. Processy decept the type	DATE		
	Squaring Epied or protest Lane of registered ago OFLICERS At			t∃lt Registers.  13.	Agent's just ze regond	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
12.	PVST	10, 12, 10	DELETE	111	HLE			Change	Addition
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dust.					THEFT ALORESS				
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1	100 WEST CYPRESS CREE FORT LAUDERDALE FL	K ROA	.D, #805		ity \$1:3P				
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certify that the information indicated on this annual report of supplemental annual report is the and accorded and that my signature shall be same legal director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my na appears in Block 12 or Block 13 if changed, or or an extrachment with an address.

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

6-3-96 954777 0041