

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000061449 (3)**

1. Corporation Name:
CAROL ZEIDWIG, M.S., INC.



Principal Place of Business

1700 E LAS OLAS BLVD
SUITE 102
FT LAUDERDALE FL 33301

Mailing Address

1700 E LAS OLAS BLVD
SUITE 102
FT LAUDERDALE FL 33301

2. Principal Place of Business

2a. Mailing Address

21 **1951 SW 75th Ave**

26 **1951 SW 75th Ave**

22 Site, Apt. #, etc.

27 Site, Apt. #, etc.

23 City & State

28 City & State

PLANTATION

PLANTATION, FL

24 Zip Country

29 Zip Country

33317

33317

9. Name and Address of Current Registered Agent

**SQUIRE, STEVEN F
500 NE THIRD AVE
FT LAUDERDALE FL 33301**

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 607.007 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 607.0506, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZEIDWIG, CAROL	
STREET ADDRESS	1700 E LAS OLAS BLVD SUITE 102	
CITY-STATE-ZIP	FT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	1951 SW 75th Ave
4. CITY-STATE-ZIP	PLANTATION, FL 33317
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(b), 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 Book 12 or Book 13 in change 1, or on an attached list with an address.

SIGNATURE: *Carol Zeidwig* President

3-26-96

CR2E034 (12/95)