

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra R. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000070023 (5)

1. Corporation Name  
**SUSIE PETERSEN, P.A.**



Principal Place of Business: 1729 SANDPIPER BLVD HOMESTEAD FL 33035-1111  
Mailing Address: 1729 SANDPIPER BLVD HOMESTEAD FL 33035-1111

3. Date Incorporated or Qualified: 10/08/1993  
3a. Date of Last Report: 02/16/1995

2. Principal Place of Business: 21 26025 SW 193 Avenue, Suite, Apt. #, etc. #  
City & State: Homestead, FL  
Zip: 33031-1751, Country: USA  
22. #  
23. Homestead, FL  
24. 33031-1751, USA  
25. USA  
26. 26025 SW 193 Avenue, Suite, Apt. #, etc.  
27. #  
28. Homestead, FL  
29. 33031-1751, USA  
30. USA  
4. FEI Number: 65-0442207  
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  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHOOS, S. SCOTT  
15600 SW 288 ST  
SUITE 312  
HOMESTEAD FL 33033

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0532 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: Susan Petersen 1/29/96 DATE: 1/29/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PSD	<input type="checkbox"/> DELETE	1.1 TITLE: PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PETERSEN, SUSAN		1.2 NAME: Petersen, Susan	
STREET ADDRESS: 1729 SANDPIPER BLVD		1.3 STREET ADDRESS: 26025 SW 193 Avenue	
CITY-ST-ZIP: HOMESTEAD FL 33035-1111		1.4 CITY-ST-ZIP: Homestead, FL 33031-1751	
TITLE: <input type="checkbox"/> DELETE		2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> DELETE		2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE		2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> DELETE		3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE		3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> DELETE		4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE		4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> DELETE		5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE		5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> DELETE		6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Petersen 1/29/96 DATE: 1/29/96 DAYTIME PHONE #: 305-248-5840

CR2E034 (12/95)