

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000075933 (0)**

1. Corporation Name

AMY KIRSCHNER HYMAN, P.A., ATTORNEYS AT LAW



Principal Place of Business

Mailing Address

7737 N. UNIVERSITY DR.
SUITE 104
TAMARAC FL 33321

7737 N. UNIVERSITY DR.
SUITE 104
TAMARAC FL 33321

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**HYMAN, AMY K
7737 N. UNIVERSITY DR.
SUITE 104
TAMARAC FL 33321**

3. Date Incorporated or Qualified

10/25/1993

3a. Date of Last Report

03/15/1995

4. FEI Number

59-0453643

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 intangible tax under s. 199.032, Florida Statutes

Yes No

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 the provisions of Sections 607.0502 and 607.1506, 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 of the person to be registered agent or registered agent

Signature of the person to be registered agent or registered agent

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HYMAN, AMY K	12 NAME:
STREET ADDRESS: 7737 N. UNIVERSITY DR., #104	13 STREET ADDRESS:
CITY-ST-ZIP: TAMARAC FL 33321	14 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	21 TITLE:
NAME:	22 NAME:
STREET ADDRESS:	23 STREET ADDRESS:
CITY-ST-ZIP:	24 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	31 TITLE:
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STREET ADDRESS:	33 STREET ADDRESS:
CITY-ST-ZIP:	34 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	41 TITLE:
NAME:	42 NAME:
STREET ADDRESS:	43 STREET ADDRESS:
CITY-ST-ZIP:	44 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	51 TITLE:
NAME:	52 NAME:
STREET ADDRESS:	53 STREET ADDRESS:
CITY-ST-ZIP:	54 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	61 TITLE:
NAME:	62 NAME:
STREET ADDRESS:	63 STREET ADDRESS:
CITY-ST-ZIP:	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)(g), 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 or empowereed 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 attached list with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 (1305)
726-6407

CR2E034 (12/95)