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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P93000083614 (6)

STEPHEN MARC SLEPIN, P.A.

Firincipal Place of Business									
1114 E. PARK AVE. TALLAHASSEE FL 32301									

2. Principal Place of Business

SIGNATURE:

Mailing Address

2a. Mailing Address

1114 E. PARK AVE. TALLAHASSEE FL 32301



3a. Date of Last Report 05/01/1995

Applied For

3. Date incorporated or Qualified

12/01/1993

4. FEI Number

21			26					59-3228743			Not Applicable	
Suite 22	e, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required	
City & State				City & State				6. Election Campaign Financing		\$5.	00 May Be	1
23				28				Trust Fund Contribution			led to Fees	
Zip		Country		Zip	Cou	intry		B. This corporation has liability fo	r intangible ta	k under	s 199.032,	
24 25 29					30			Florida Statutes				
Name and Address of Current Registered Agent								10. Name and Address of New	Registered /	gent		_
						81	Name					
SINGER, MICHAEL S 618 U.S. HWY. ONIE						82	Street Addres	s (P.O. Box Number is Not Accepta	ible)			-
						Ш						
	SUITE 104					83						
N. PALM BEACH FL 33408						84	City	FI 85 Zip Code				
11. Pur	suant to the provis	sions of Sections 607.0502	and 60	07.1508, Florida Statu	les, the abo	ve-n	amed corporati	ion submits this statement for the p	urpose of cha	nging its	registered office	л
or r fan	registered agent, o niliar with, and acci	r both, in the State of Floric ept the obligations of, Secti	da. Suc ion 607	:h change was authori: '.0505. Florida Statute:	zed by the o	corpo	oration's board	of directors. I hereby accept the ap	pointment as	registere	ed agent. I am	
SIGNAT	•	Service and Service and Service										
SIGNAT	Signature, type	d or printed name of registered agent			OTE Registered	i Agen	t signature required w	her reinstating)	DATE			_ }
12.		OFFICERS AND	D DIRE		13.		.,	ADDITIONS/CHANGES TO OF				CR2E034 (12/95)
TITLE	D	D DELETE				TLE] Change	☐ Addition	Ξ
NAME		SLEPIN, STEPHEN MARC				AME	ļ					8
STREET ADDRESS 1114 E. PARK AVE.						TREET	ADDRESS					ĺΫ
CITY-ST-	ZIP TALI	LAHASSE FL 32301			1.4 0	ITY-S	T-ŽIP					_ <u>}</u>
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NAME	į				5.2 N		-					
STREET AD							ADDRESS					
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TITLE	ĺ	☐ DELETE				HTLE	-		L] Chang	· Addition	
NAME					6.2 N		ļ					
STREET AD							ADDRESS					1
CITY-ST-	ZIP	Na Na Caranta da Caran	N	- Bline in colomba-b : 4	6.4 C	ITY-S	1-ZIP	the averaging stated in Continue 44	D OZIOVIA EL-	dala Or-s	Ann I formation :	4
14. I do cer oat app	o nereby certily that tify that the inform h; that I am an offi bears in Block 12 (at tresultormation sapplied is ation indicated on this annu- icer at a factor of this durpo or Block 133 (changidud a	with is ual residence on artis	s ming is voluntarily fur of or supplemental and othe receiver or trustration and this himent with an add	nished and nual report i se empowe iress,	aces is tru red t	s not quality for le and accurate to execute this r	the exemption stated in Section 11 and that my signature shall have the report as required by Chapter 607,	9.07(3)(K), Flo e same legal Florida Statute	nda Stal effect a s es; and t	intes. I nurther if made under that my name	

NING OFFICER OR DIRECTOR