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: #

1. Corporation Name

P93000088577 (0)

NATHANSON & MCALEES, D.C., P.A.

Principal Place of Business Mailing Address								101 00001 01RI		
7100 FAIRWAY DRIVE SUITE 33 PALM BEACH GARDENS FL 33418 7100 FAIRWAY DRIVE SUITE 33 PALM BEACH GARDENS F										
						3. Date incorporated or Qualified 12/29/1993	3a. Date of Last Report 10/31/1995			
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applied For	7]
21		26				65-0457659			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired		•	Additional Required	
City & State	·	City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Z₁p				8. This corporation has liability for intangle						
24	25 29 3 9. Name and Address of Current Registered Agent			Florida Stalutes Yes No 10. Name and Address of New Registered Ager						
	9. Name and Address of Currer	ii negistereo Agent		81	Name	10. Name and Address of New H	egistereo	4gent		\dashv
GEOGUI	N CADV N									_
GERSON, GARY N NASON, GILDAN, YEAGER, GERSON, & WHITE PA				82	Street Addre	ess (P.O. Box Number is Not Acceptab)				
	ALM BEACH LAKES BLVD. STE.	1200		63						
	ALM BEACH FL 33401				City		FL		o Code	
or register	to the provisions of Sections 607.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authoriz	ed by the o	ove-na corpo	amed corpora ration's board	ation submits this statement for the purp d of directors. I hereby accept the appo	oose of cha pintment as	nging its registered	egistered offic agent. I am	æ
SIGNATURE _	Stanature, typed or printed name of registered agen	and the Larvicable (NC	TF Benisteren	1 Anent	signature required	when reastating	ĎATÉ			
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFF		DIFIEC C	RS IN 12	CR2E034 (12/95)
TITLE	DPS			ittE				Change	nc tibbA 🔲	72
NAME	NATHANSON, MICHAEL E			AME						8
STREET ADDRESS	7100 FAIRWAY DRIVE		1.3 STREET ADDRESS							ШÖ
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NAME			2.2 NAME							
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NAME	r.		42 N					_ •		
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NAME			62 N							
STREET ADDRESS			1		ADDRESS					
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14. ⊥oo nereb	y certify that the informal by supplied	with this tiling is voluntarily furi	iisried and	does	riot quality to	or the exemption stated in Section 119.	uziajik), Flç	nga Starut	es i runner	- 1

certify that the information indicate in 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 directing if 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 or linged, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x VacAL 407-588-5433