

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000006356 (7)

1. Corporation Name
MICHAEL A. USAN, P.A.



Principal Place of Business: **600 S.W. 4TH AVE. FT. LAUDERDALE FL 33315 US**
Mailing Address: **P.O. BOX 14305 FT. LAUDERDALE FL 33301 US**

3. Date Incorporated or Qualified 01/18/1994	3a. Date of Last Report 03/09/1995
4. FEI Number 65-0460219	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 COURTHOUSE SQUARE Bldg.	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 200 SE 6th Street, Suite 306	27
City & State	City & State
23 FT LAUDERDALE, FLORIDA	28
Zip	Country
24 33301	25 US
29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
USAN, MICHAEL A 600 S.W. 4TH AVE. FT. LAUDERDALE FL 33315				81 Name	USAN, MICHAEL A		
				82 Street Address (P.O. Box Number is Not Acceptable)	COURTHOUSE SQUARE BUILDING		
				83	200 SE 6TH STREET, SUITE 306		
				84 City	FT LAUDERDALE	85 Zip Code	FL 33301

11. Pursuant to the provisions of Sections 607.0502 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: *Michael A. Usan* (NOTE: Registered Agent signature required when reinstating) DATE: **4/12/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	USAN, MICHAEL A	1.2 NAME	
STREET ADDRESS	2591 NW 87 DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	USAN, MICHAEL A	2.2 NAME	
STREET ADDRESS	2591 NW 87 DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: *Michael A. Usan* DATE: **4/12/96** 954 467 4055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)