## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000035198 (8)

ANDREW L. MANN, P.A.

Principal Place of Business	Mailing Address				
10001 W OAKLAND PARK BLVD SUITE 200 SUNRISE FL 33351	10001 W OAKLAND PARK BLVD SUITE 200 SUNRISE FL 33351-6925				
		3. Date Incorporated or Qualified 05/10/1994	3a. Date of Last Report 02/16/1996		
2. Principal Place of Business 21 8211 W. Braund Blud	28. Mailing Address 1 26 871 W. Brownd Blud.	4. FEI Number 65-0488146	Applied Fo		
Suite, Apt #, etc   3/0	Suite, Apt. #, etc. 27 Suite 3/9	6. Certificate of Status Desired	\$8.75 Additions Fee Required		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be		

337

9. Name and Address of Current Registered Agent MANN, ANDREW L 10001 W OAKLAND PARK BLVD SUITE 200 SUNRISE FL 33351

25

Country USM

USA		P	Florida Statutes Yes			Qers. 199.03	12,
٦			10, Name and Addre	ess of New Registers	d Agent		
	B1	Name					
	82	Street Add	ress (P.O. Box Number is	s Not Acceptable)	*		
	83	Su	11te 310				
	84	City 01			85	Zip Code	11

**FILED** 

Apr 23 1997 8:00am

Secretary of State

> Applied For Not Applicable \$8.75 Additional

Added to Fees

			lantation	<u> </u>		324	
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, puboth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appgintment as registered							
agent I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE /MU 9/9/9							
Suprature Type of pented manus of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1							
12.	OFFICERS AND DIRECTORS  PSID  DELETE	13.	ADDITIONS/CHANGES TO OFF		Change		
THUE		1.1 TITLE		. 087	Change	Addition	
NAME	ANDREW, MANN L	1,2 NAME		1 Quel	6.	D. 2.	
STREET ADDRESS	10001 W. OAKLAND PARK BLVD., SUITE 200	1.3 STREET ADDRESS	8211 W. Browners	, 67 va.	, sui	TC 3/0	
C(TY - S1 - 7IP	SUNRISE FL	1.4 CITY-ST-ZIP	floatation, Th	- 3.83.2	<u> </u>		
TITLE	☐ DELETE	2.1 TITLE		ليا	Change	Addition	
NAME.		2.2 NAME				[	
STREET ADDRESS		2.3 STREET ADDRESS					
COY \$1-76		2 4 CITY - ST - ZiP		<u>, , , , , , , , , , , , , , , , , , , </u>			
TITLE	DELETE	3.1 TITLE			Change	Addition	
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
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Total	☐ DELETE	4.1 TITLE		·tɔ	Change	Addition	
NAME		4 2 NAME				1	
STREET ADDRESS		4.3 STREET ADDRESS				j	
CHTY+ST+ZIP		4.4 CITY-ST-ZIP					
TillE	☐ DELETE	5.1 TITLE			Change	Addition	
NAME		5.2 NAME				1	
STREET ADDRESS		5.3 STREET ADDRESS			:		
CITY - ST - ZIF		5.4 CITY+ST-ZIP				<u></u>	
TETLE	☐ DELETE	61 TITLE			Change	Addition	
NAME		62 NAME			-		
STREET ADDRESS		6.3 STREET ADORESS					
Cify+ST-ZIP		6.4 CITY-ST-ZIP	<u> </u>				

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE: