


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

FILED

**Jan 21 1998 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P94000035198 (8)
1. Corporation Name
ANDREW L. MANN, P.A.



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|---|--|
| Principal Place of Business 8211 W BROWARD BLVD STE #310 PLANTATION FL 33324 45 | Mailing Address 82211 W BROWARD BLVD STE #310 PLANTATION FL 33324 45 |
|---|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 21 4300 N. University Drive | 2a. Mailing Address 26 4300 N. University Drive |
| Suite, Apt. #, etc. 22 Suite C-203 | Suite, Apt. #, etc. 27 Suite C-203 |
| City & State 23 Fort Lauderdale, FL | City & State 28 Fort Lauderdale, FL |
| Zip 24 33351 | Country 25 U.S.A. |
| Zip 29 33351 | Country 30 USA |

| | | |
|---|---------------------------------------|--|
| 3. Date Incorporated or Qualified 05/10/1994 | 4. FEI Number 65-0488146 | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent
**MANN, ANDREW L
8211 W BROWARD BLVD
STE #310
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name MANN, ANDREW L |
| 82 Street Address (P.O. Box Number is Not Acceptable) 4300 N. University Drive |
| 83 Suite C-203 |
| 84 City Fort Lauderdale |
| 85 Zip Code FL 33351 |

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 *[Signature]* DATE **1/6/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|--|---------------------------------|---|
| TITLE PSTD | <input type="checkbox"/> DELETE | 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ANDREW, MANN L | | 1.2 NAME |
| STREET ADDRESS 8211 W BROWARD BLVD, #310 | | 1.3 STREET ADDRESS 4300 N. University Drive, Suite C-203 |
| CITY-ST-ZIP PLANTATION-FL | | 1.4 CITY-ST-ZIP Fort Lauderdale, FL 33351 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE |
| NAME | | 2.2 NAME |
| STREET ADDRESS | | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE |
| 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 |
| 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 |
| 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 |
| NAME | | 6.2 NAME |
| STREET ADDRESS | | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP |

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/6/98** **954/572-9944**

CP2E034 (10/97)