

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 # P94000041191 (5)

1. Corporation Name
SETH STOPEK, P.A.



Principal Place of Business: 12201 S.W. 64TH AVE. MIAMI FL 33156
Mailing Address: 12201 S.W. 64TH AVE. MIAMI FL 33156

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified: 05/31/1994
3a. Date of Last Report: 03/16/1995
4. FEI Number: 65-0496340
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**STOPEK, SETH
12201 S.W. 64TH AVE.
MIAMI FL 33156**

10. Name and Address of New Registered Agent
81 Name: **PROFESSIONAL REGISTERED AGENT CORP.**
82 Street Address (P.O. Box Number is Not Acceptable): **SUITE 2350 200 SOUTH DISCOWAY BLVD.**
83
84 City: **MIAMI,** FL 85 Zip Code: **33121**

11. Pursuant to the provisions of Sections 607.002 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent location on 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 I understand the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE: *[Signature]* **SETH STOPEK** 1/25/96

12. OFFICERS AND DIRECTORS
1. TITLE: **D** DELETE
NAME: **STOPEK, SETH**
STREET ADDRESS: **12201 S.W. 64TH AVE.**
CITY, STATE, ZIP: **MIAMI FL 33156**
2. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, STATE, ZIP:
3. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, STATE, ZIP:
4. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, STATE, ZIP:
5. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, STATE, ZIP:
6. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, STATE, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
NAME:
2. STREET ADDRESS:
14. CITY, STATE, ZIP:
2. TITLE: Change Addition
2. NAME:
2. STREET ADDRESS:
24. CITY, STATE, ZIP:
3. TITLE: Change Addition
3. NAME:
3. STREET ADDRESS:
34. CITY, STATE, ZIP:
4. TITLE: Change Addition
4. NAME:
4. STREET ADDRESS:
44. CITY, STATE, ZIP:
5. TITLE: Change Addition
5. NAME:
5. STREET ADDRESS:
54. CITY, STATE, ZIP:
6. TITLE: Change Addition
6. NAME:
6. STREET ADDRESS:
64. CITY, STATE, ZIP:

14. I do hereby certify that the information supplied with this report is truthfully 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 is a fundamental 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 and have or trust to be empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report as an authorized agent with an address.
SIGNATURE: *[Signature]* **SETH STOPEK** 1/25/96 305-377-1801

CR2E034 (12/95)