

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

***CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000044509 (5)

1. Corporation Name

RAPPEPORT & FRIED, P.A.

Principal Place of Business

3474 N. UNIVERSITY DR.
SUNRISE FL 33351

Mailing Address

3474 N. UNIVERSITY DR.
SUNRISE FL 33351

3. Date Incorporated or Qualified

05/23/1984

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
 Not Applicable

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRIED, HYATT M
3474 N. UNIVERSITY DR.
SUITE 405
SUNRISE FL 33351**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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, typed or printed name 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 12

TITLE **D**
NAME **RAPPEPORT, ANDREW H**
STREET ADDRESS **3474 N. UNIVERSITY DR., SUITE 405**
CITY- ST- ZIP **SUNRISE FL 33351**

1.1 TITLE Change Addition

TITLE **D**
NAME **FRIED, HYATT M**
STREET ADDRESS **3474 N. UNIVERSITY DR., SUITE 405**
CITY- ST- ZIP **SUNRISE FL 33351**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE Change Addition

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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 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:

Hyatt M. Fried
HYATT M. FRIED

Date

3/15/95
212-6160