

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

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AND  
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95 APR 27 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P94000049317 (8)**  
1. Corporation Name  
**ALAN S. ZANGEN, P.A.**

Principal Place of Business      Mailing Address  
**250 AUSTRALIAN AVE SOUTH  
SUITE 1504  
WEST PALM BEACH, FL 33401**      **250 AUSTRALIAN AVE SOUTH  
SUITE 1504  
WEST PALM BEACH, FL 33401**

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified      3a. Date of Last Report  
**07/01/1994**      **N/A**

2. Principal Place of Business      2a. Mailing Address  
21. **1200 Corporate Center Way**      26. **Same as 2**  
Suite, Apt. #, etc      Suite, Apt. #, etc  
22. **Suite 201**      27.      **Wellington Florida**  
City & State      City & State  
23. **Wellington Florida**      28.      **33414 USA**  
Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-050-5317**      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

9. Name and Address of Current Registered Agent  
**ZANGEN, ALAN S ESQ.  
250 AUSTRALIAN AVE SOUTH  
SUITE 1504  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent  
81. Name      **Alan S. Zangen, Esquire**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**1200 Corporate Center Way  
Suite 201**  
83. City      **Wellington**      FL      85. **33414**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature types or prints name of registered agent and the Association)      (Date Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>ZANGEN, ALAN S ESQ.</b>
STREET ADDRESS	<b>250 AUSTRALIAN AVE SOUTH, SUITE 1504</b>
CITY ST ZIP	<b>WEST PALM BEACH FL 33401</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>Alan S. Zangen, Esquire</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>1200 Corporate Center Way, Suite 201</b>	
13 STREET ADDRESS	<b>Wellington, Florida 33414</b>	
14 CITY ST ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 111.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 of this report. I am an attachment with an address.

SIGNATURE:  **Alan S. Zangen Pres** 4-24-95 **1407 743 2400**  
SIGNATURE AND PRINTED NAME OF FILING OFFICER OR DIRECTOR