

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 # **P94000080095 (0)**

1. Corporation Name
JOEL H. YUDENFREUND, P.A.



Principal Place of Business: **P.O. BOX 3646 WEST PALM BEACH FL 33402-3646**
Mailing Address: **P.O. BOX 3646 WEST PALM BEACH FL 33402-3646**

3. Date Incorporated or Qualified: **10/31/1994** 3a. Date of Last Report: **08/16/1995**

2. Principal Place of Business: **440 Royal Palm Way** 2a. Mailing Address: **440 Royal Palm Way**
Suite, Apt. #, etc.: **#200** Suite, Apt. #, etc.: **#200**
City & State: **Palm Beach, FL** City & State: **Palm Beach, FL**
Zip: **33480** Country: **U.S.A.** Zip: **33480** Country: **U.S.A.**

4. FEI Number: **65-0532447** 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

9. Name and Address of Current Registered Agent: **YUDENFREUND, JOEL H
1201 N. HARBOR ISLAND DR.
SINGER ISLAND FL 33404**
10. Name and Address of New Registered Agent: 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE: YUDENFREUND, JOEL H	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: YUDENFREUND, JOEL H		1.2 NAME: P.O. BOX 3646 N/A	
STREET ADDRESS: P.O. BOX 3646 N/A		1.3 STREET ADDRESS: 440 Royal Palm Way; Suite 200	
CITY-ST-ZIP: WEST PALM BEACH FL 33402-3646		1.4 CITY-ST-ZIP: Palm Beach, FL 33480	
TITLE: _____	<input type="checkbox"/> DELETE	2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME: _____	
STREET ADDRESS: _____		6.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		6.4 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 119.07(3)(k), 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: _____ 01/17/96 (407)655-9500
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date: _____ Daytime Phone #: _____

CR2E034 (12/95)