

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000010573 (0)**

1. Corporation Name
ELLEN FELL BAIG, P.A.



Principal Place of Business: **1300 HARRISON ST HOLLYWOOD FL 33019**
Mailing Address: **1300 HARRISON ST HOLLYWOOD FL 33019**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	02/01/1995	
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	65-0554997	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**BAIG, ELLEN F
1300 HARRISON ST
HOLLYWOOD FL 33019**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: D BAIG, ELLEN F	<input type="checkbox"/> DELETE	13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: 1300 HARRISON ST		13.2 NAME:	
12.3 CITY, ST, ZIP: HOLLYWOOD FL 33019		13.3 STREET ADDRESS:	
12.4 TITLE:	<input type="checkbox"/> DELETE	13.4 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME:		13.5 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS:	<input type="checkbox"/> DELETE	13.6 NAME:	
12.7 CITY, ST, ZIP:		13.7 STREET ADDRESS:	
12.8 TITLE:	<input type="checkbox"/> DELETE	13.8 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME:		13.9 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS:	<input type="checkbox"/> DELETE	13.10 NAME:	
12.11 CITY, ST, ZIP:		13.11 STREET ADDRESS:	
12.12 TITLE:	<input type="checkbox"/> DELETE	13.12 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME:		13.13 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS:	<input type="checkbox"/> DELETE	13.14 NAME:	
12.15 CITY, ST, ZIP:		13.15 STREET ADDRESS:	
12.16 TITLE:	<input type="checkbox"/> DELETE	13.16 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 NAME:		13.17 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS:	<input type="checkbox"/> DELETE	13.18 NAME:	
12.19 CITY, ST, ZIP:		13.19 STREET ADDRESS:	
12.20 TITLE:	<input type="checkbox"/> DELETE	13.20 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21 NAME:		13.21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 STREET ADDRESS:	<input type="checkbox"/> DELETE	13.22 NAME:	
12.23 CITY, ST, ZIP:		13.23 STREET ADDRESS:	
12.24 TITLE:	<input type="checkbox"/> DELETE	13.24 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.25 NAME:		13.25 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.26 STREET ADDRESS:	<input type="checkbox"/> DELETE	13.26 NAME:	
12.27 CITY, ST, ZIP:		13.27 STREET ADDRESS:	
12.28 TITLE:	<input type="checkbox"/> DELETE	13.28 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.29 NAME:		13.29 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.30 STREET ADDRESS:	<input type="checkbox"/> DELETE	13.30 NAME:	
12.31 CITY, ST, ZIP:		13.31 STREET ADDRESS:	
12.32 TITLE:	<input type="checkbox"/> DELETE	13.32 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.33 NAME:		13.33 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.34 STREET ADDRESS:	<input type="checkbox"/> DELETE	13.34 NAME:	
12.35 CITY, ST, ZIP:		13.35 STREET ADDRESS:	
12.36 TITLE:	<input type="checkbox"/> DELETE	13.36 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.37 NAME:		13.37 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.38 STREET ADDRESS:	<input type="checkbox"/> DELETE	13.38 NAME:	
12.39 CITY, ST, ZIP:		13.39 STREET ADDRESS:	
12.40 TITLE:	<input type="checkbox"/> DELETE	13.40 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.41 NAME:		13.41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.42 STREET ADDRESS:	<input type="checkbox"/> DELETE	13.42 NAME:	
12.43 CITY, ST, ZIP:		13.43 STREET ADDRESS:	
12.44 TITLE:	<input type="checkbox"/> DELETE	13.44 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.45 NAME:		13.45 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.46 STREET ADDRESS:	<input type="checkbox"/> DELETE	13.46 NAME:	
12.47 CITY, ST, ZIP:		13.47 STREET ADDRESS:	
12.48 TITLE:	<input type="checkbox"/> DELETE	13.48 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.49 NAME:		13.49 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.50 STREET ADDRESS:	<input type="checkbox"/> DELETE	13.50 NAME:	
12.51 CITY, ST, ZIP:		13.51 STREET ADDRESS:	
12.52 TITLE:	<input type="checkbox"/> DELETE	13.52 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.53 NAME:		13.53 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.54 STREET ADDRESS:	<input type="checkbox"/> DELETE	13.54 NAME:	
12.55 CITY, ST, ZIP:		13.55 STREET ADDRESS:	
12.56 TITLE:	<input type="checkbox"/> DELETE	13.56 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.57 NAME:		13.57 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.58 STREET ADDRESS:	<input type="checkbox"/> DELETE	13.58 NAME:	
12.59 CITY, ST, ZIP:		13.59 STREET ADDRESS:	
12.60 TITLE:	<input type="checkbox"/> DELETE	13.60 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 or powers, I 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: *Ellen Fell Baig*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: **2/7/96** (305)-927-3770

CR2E034 (12/95)