

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000012279 (2)

1. Corporation Name

LAW OFFICE OF RICHARD B. SABRA, P.A.



Principal Place of Business

Mailing Address

~~4330 SHERIDAN ST~~
~~SUITE 202-B~~
~~HOLLYWOOD FL 33021~~

~~4330 SHERIDAN ST~~
~~SUITE 202-B~~
~~HOLLYWOOD FL 33021~~

2. Principal Place of Business

2a. Mailing Address

21 4601 SHERIDAN ST.

26 4601 SHERIDAN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 208

27 SUITE 208

City & State

City & State

23 HOLLYWOOD, FLA

28 HOLLYWOOD, FLA

Zip

Zip

Country

Country

24 33021

29 33021

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SABRA, RICHARD B
~~4330 SHERIDAN ST~~
~~SUITE 202-B~~
HOLLYWOOD FL 33021

81 Name

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

4601 SHERIDAN ST.

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

4/28/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
SABRA, RICHARD B
~~4330 SHERIDAN ST SUITE 202-B~~
~~HOLLYWOOD FL 33021~~

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4601 SHERIDAN ST.
SUITE 208

HOLLYWOOD, FL 33021

☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96
Date

(954) 964-1004
Daytime Phone #

CR2E034 (12/95)