

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000027540 (0)

1. Corporation Name
SANDRA J. GOLDMAN, P.A.



Principal Place of Business: **9830 C. BOCA GARDENS TRIAL BOCA RATON FL 33496**
Mailing Address: **9830 C. BOCA GARDENS TRIAL BOCA RATON FL 33496**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **04/06/1995**
3a. Date of Last Report: **65-0573639**
4. FEI Number: **650-57-3639**
5. Certificate of Status Desired: 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

**GOLDMAN, SANDRA J
9830 C BOCA GARDESN TRAIL
BOCA RATON FL 33496**

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

Signature (Typed or printed name of registered agent, as in block 9)

(FEE) Registered Agent fee (see fee schedule on page 2)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE: **D/P**
12.2 NAME: **GOLDMAN, SANDRA J**
12.3 STREET ADDRESS: **9830 C. BOCA GARDENS TRIAL**
12.4 CITY-STATE-ZIP: **BOCA RATON FL 33496**

12.5 TITLE: DELETE
12.6 NAME:
12.7 STREET ADDRESS:
12.8 CITY-STATE-ZIP:

12.9 TITLE: DELETE
12.10 NAME:
12.11 STREET ADDRESS:
12.12 CITY-STATE-ZIP:

12.13 TITLE: DELETE
12.14 NAME:
12.15 STREET ADDRESS:
12.16 CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: Change Addition
13.2 NAME:
13.3 STREET ADDRESS:
13.4 CITY-STATE-ZIP:

13.5 TITLE: Change Addition
13.6 NAME:
13.7 STREET ADDRESS:
13.8 CITY-STATE-ZIP:

13.9 TITLE: Change Addition
13.10 NAME:
13.11 STREET ADDRESS:
13.12 CITY-STATE-ZIP:

13.13 TITLE: Change Addition
13.14 NAME:
13.15 STREET ADDRESS:
13.16 CITY-STATE-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: *Sandra Goldman P.A.* **4/5/96** **407-642-3300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)