

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 # P95000037698 (4)

1. Corporation Name

SUSAN G. BERGLOWE, P.A.

Principal Place of Business

2086 N.W. 52ND STREET
BOCA RATON FL 33496

Mailing Address

2086 N.W. 52ND STREET
BOCA RATON FL 33496



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

BERGLOWE, SUSAN G
2086 N.W. 52ND STREET
BOCA RATON FL 33496

3. Date Incorporated or Qualified

05/11/1995

3a. Date of Last Report

4. FET Number

65-0582280

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

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

Signature typed or printed name of registered agent and then applicable

(DATE) Registered Agent Signature required when not changing

(DATE)

12. OFFICERS AND DIRECTORS

1. TITLE

NAME
PSD
BERGLOWE, SUSAN G
2086 N.W. 52ND STREET
BOCA RATON FL 33496

DELETE

2. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

7. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE: X Susan G. Berglowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X/219,146X 402 998 0100
Date Daytime Phone #

CR2E034 (12/95)