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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000065448 (9) **DOCUMENT #** Corporation Name

LEO B. STOUDER, D.C. P.A.																				
Principal Place o	of Business		N	Mailing Address										IIII Eq hii			14101 01111 1			
601 NORTH FEDERAL HIGHWAY HOLLYWOOD FL 33020				601 NORTH FEDERAL HIGHWAY HOLLYWOOD FL 33020						D.1.			dos	O . elif e	a lu	On Dat	e of Last	Dane		
									3.			/199		Qualifie	۱ ا		ONE	нерс	* L	
2. Principal Plac	ce of Busine	ess	28	2a. Mailing Address							lumbe			المال	10			Apr	lied For	
1				26					<u> </u>	5	9 -	- ت	25	400	4 /	<u>S</u>			Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5.	Certi	ficate	of Stat	tus D	esired	[dditional juired	
City & State			27	City & State						Eloot	on Co	moaio	un Fir	ancing					<u> </u>	
23			28	Only to Girillo					0.			Contr		-					/lay Be Fees	
Zip	T	Country		Ζιρ	Cou	intry			8.	This	corpo	ration I	has li				ax under	s 19	9.032,	
24		25	29		30]		ia Sta				_	□No				
	9, Name	and Address of Co	rrent Regi	stered Agent		81	Nam		10.	Nam	e and	I Add	ress	of New	v Reg	istered	Agent			
ATA						01														
Stouder, Leo B 601 North Federal Highway Hollywood Fl 33020						82	Stree	t Addres	ess (P.O. Box Number is Not Acceptable)											
						83														
									85 Zip Code											
						84	City									FL	85	ZIP C	000	
12.		or printed name of registers	agent and title is	.C1ORS	O YPE IOIE Registered 13.		, PV ni sgrafu	`		.				S TO O	FFICE		196 DDDECT			
TITLE	D			DELETE	1, 1 3			P					ı				Change	e [Addition	
NAME		DER, LEO B	000 8646 57		121			ST	'nЧ	DET	JE	enn	u nac	. HI	GHA)A4				
STREET ADDRESS		orth federal i (Wood Fl 33020					ADDRES 1 - Zip	S 60.	/ /VC	1 W 0	20	FL	3	_ H1 3020	,					
CITY-ST-ZIP TITLE	NOLLI	1100D FL 33020	<u> </u>	DELÉTE	2 1 1) I · ZIF							<i></i>			Change	e [Addit:on	
NAME					22 N	AME											_		_	
STREET AUDRESS					235	IREET	ADDRES	s												
CITY - ST - 7IP					240	ITY-S	T-ZIP													
TITLE				☐ DELETE	3 1 1												Change	e L	Addition	
NAME					3 2 N		t tables	10												
STREET ADDRESS							f addres St-Zip	S												
CITY-ST-ZIP TITLE				☐ DELETE	4 1 1		51 - ZIF										Change	· [Addition	
NAME					4.2 N															
STREET ADDRESS					438	TREET	ADDRES	S												
CITY-ST-ZIP					440	ITY-S	31 - ZIP													
TITLE				☐ DELETE	5 1 1												Change	e [Addition	
NAME					52 N															
STREET ADDRESS							ADDRES	S												
CITY-ST-ZIP TITLE				☐ DELETE	540 6 1 1	******	ST - ZIP								· · · ·		Change	е г	Addition	
NAME				□ bttti	62 N												— 2.m.g	٠.		
STREET ADDRESS							ADDRES	s												
CITY - ST - ZIP							ST-ZIP	-												
14. I do hereby	certify that	the information supp	lied with thi	is filing is voluntarily fur	rnished and	doe	s not c	uality for	the e	execui	ation s	stated	in Se	ction 1	19.07	(3)(k), Fi	orida Stat	tutes.	I further	
oath; that I	am an offic	er or director of the c	corporation.	ort or supplemental an or the receiver or trust attachm ent w ith an adi	tee empowe	ored :	to exec	sute this	repor	rtas r	equire	d by C	Chapt	ter 607.	, Flori	da Statu	tes; and t	that n	ny name	

SIGNATURE:

AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR S. S. TOYPEN 2/20/96 (954) 922-9355