

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 # P95000069342 (0)

1. Corporation Name

CHOPIN, MILLER & YUDENFREUND, P.A.



Principal Place of Business

Mailing Address

**440 ROYAL PALM WAY
SUITE 200
PALM BEACH FL 33480**

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SUITE 200
PALM BEACH FL 33480**

3. Date Incorporated or Qualified

09/08/1995

3a. Date of Last Report

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

25

29

30

4. FEI Number

65-0532443

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

10. Name and Address of New Registered Agent

**CHOPIN, L. FRANK ESQ.
CHOPIN, MILLER & YUDENFREUND
440 ROYAL PALM WAY, SUITE 200
PALM BEACH FL 33480**

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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CHOPIN, L. FRANK ESQ.	1.2 NAME
STREET ADDRESS: 440 ROYAL PALM WAY, SUITE 200	1.3 STREET ADDRESS
CITY-ST-ZIP: PALM BEACH FL 33480	1.4 CITY-ST-ZIP
TITLE: D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MILLER, JACQUELINE S ESQ.	2.2 NAME
STREET ADDRESS: 440 ROYAL PALM WAY, SUITE 200	2.3 STREET ADDRESS
CITY-ST-ZIP: PALM BEACH FL 33480	2.4 CITY-ST-ZIP
TITLE: D <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: YUDENFREUND, JOEL H ESQ.	3.2 NAME
STREET ADDRESS: 440 ROYAL PALM WAY, SUITE 200	3.3 STREET ADDRESS
CITY-ST-ZIP: PALM BEACH FL 33480	3.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	4.2 NAME
STREET ADDRESS:	4.3 STREET ADDRESS
CITY-ST-ZIP:	4.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	5.2 NAME
STREET ADDRESS:	5.3 STREET ADDRESS
CITY-ST-ZIP:	5.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	6.2 NAME
STREET ADDRESS:	6.3 STREET ADDRESS
CITY-ST-ZIP:	6.4 CITY-ST-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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/96

Date

(407)655-9500

Daytime Phone #

CR2E034 (12/95)