


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 23 1997 8:00am  
Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Worthington</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000088048</b> 1. Corporation Name <b>Don Kaufman, P.A.</b>					
Principal Place of Business <b>18342 N.W. 7 Street Pembroke Pines, Fl. 33029</b>			Mailing Address <b>18342 N.W. 7 Street Pembroke Pines, Fl. 33029</b>		
2. Principal Place of Business 21 <b>18342 N.W. 7 St</b>		2a. Mailing Address 26 <b>Same</b>		3. Date Incorporated or Qualified <b>1-1-96</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report Applied For Not Applicable	
City & State 23 <b>Pembroke Pines</b>		City & State 28		4. FEI Number <b>65-0626503</b>	
Zip 24 <b>33029</b>		Zip 29		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country 25		Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>Don Kaufman 18342 N.W. 7 St Pembroke Pines, Fl. 33029</b>			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 <b>FL</b>		
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: <i>Don Kaufman</i>		(NOTE: Registered Agent signature required when reinstating)		DATE: <b>4-7-97</b>	
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE: <b>President</b> <input type="checkbox"/> DELETE 2. NAME: <b>Don Kaufman</b> 3. STREET ADDRESS: <b>18342 N.W. 7 St</b> 4. CITY-STATE-ZIP: <b>Pembroke Pines, Fl. 33029</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP		
5. TITLE <input type="checkbox"/> DELETE 6. NAME 7. STREET ADDRESS 8. CITY-STATE-ZIP			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP		
9. TITLE <input type="checkbox"/> DELETE 10. NAME 11. STREET ADDRESS 12. CITY-STATE-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP		
13. TITLE <input type="checkbox"/> DELETE 14. NAME 15. STREET ADDRESS 16. CITY-STATE-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP		
17. TITLE <input type="checkbox"/> DELETE 18. NAME 19. STREET ADDRESS 20. CITY-STATE-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP		
21. TITLE <input type="checkbox"/> DELETE 22. NAME 23. STREET ADDRESS 24. CITY-STATE-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Don Kaufman</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: <b>4-7-97</b>	
				DATE/TIME PHONE # <b>954-431-0422</b>	

CR2E034 (9/96)