

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

FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000002912 (9)

1. Corporation Name

SUSSMAN LAW GROUP, P.A.

Principal Place of Business

5820-C WEST CYPRESS STREET  
TAMPA FL 33609

Mailing Address

5820-C WEST CYPRESS STREET  
TAMPA FL 33607-1785



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1533 Hendry		26 P.O. Box 21105		01/09/1996			
22 Suite 200		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Fort Myers, FL		28 Tampa, FL		59-3356583		Not Applicable	
24 33901		29 33602		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country USA		Country USA		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Trust Fund Contribution		<input type="checkbox"/> Yes <input type="checkbox"/> No	
SUSSMAN, DOV		9. Name and Address of New Registered Agent		10. Name and Address of New Registered Agent			
5820-C WEST CYPRESS STREET		81 Name		Dov Sussman			
TAMPA FL 33609		82 Street Address (P.O. Box Number is Not Acceptable)		1533 Hendry Street			
		83 Suite 200					
		84 City		Fort Myers		FL 85 Zip Code	
						33901	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDEC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSSMAN, DOV	1.2 NAME	Dov Sussman
STREET ADDRESS	5820-C WEST CYPRESS STREET	1.3 STREET ADDRESS	1533 Hendry Street Suite 200
CITY-ST-ZIP	TAMPA FL 33609	1.4 CITY-ST-ZIP	Fort Myers, FL 33901
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (9/96)

4/20/97 201 337 1411