

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

FILED

**Feb 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000006461 (3)
 1. Corporation Name
KASPEROVICH & KASPEROVICH, P.A.



Principal Place of Business 500 E. BROWARD BLVD., SUITE 1950 FT. LAUDERDALE FL 33394-3079	Mailing Address 500 E. BROWARD BLVD., SUITE 1950 FT. LAUDERDALE FL 33394-3079
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3. Date Incorporated or Qualified 01/17/1996		3a. Date of Last Report N/A	
2. Principal Place of Business 21 Suite, Apt. #, etc. Suite 1920 22 City & State 23 24 Zip 25 Country		4. FEI Number 65-0341870 Applied For <input type="checkbox"/> Not Applicable	
2a. Mailing Address 26 Suite, Apt. #, etc. Suite 1920 27 City & State 28 29 Zip 30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent KASPEROVICH, ELIZABETH W 500 E. BROWARD BLVD., SUITE 1950 FT. LAUDERDALE FL 33394-3079		10. Name and Address of New Registered Agent 61 Name 62 Street Address (P.O. Box Number is Not Acceptable) Suite 1920 63 64 City FL 65 Zip Code	
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASPEROVICH, ELIZABETH W	1.2 NAME	
STREET ADDRESS	500 E. BROWARD BLVD., SUITE 1950	1.3 STREET ADDRESS	Suite 1920
CITY-ST-ZIP	FT. LAUDERDALE FL 33394-3079	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASPEROVICH, MARK F	2.2 NAME	
STREET ADDRESS	500 E. BROWARD BLVD., SUITE 1950	2.3 STREET ADDRESS	Suite 1920
CITY-ST-ZIP	FT. LAUDERDALE FL 33394-3079	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<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 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.

SIGNATURE: *Mark F. Kasperovich* **MARK F. KASPEROVICH** SIGNING OFFICER OR DIRECTOR
 Date: **February 5, 1997**
 Daytime Phone #: **954-524-4744**

CR2E034 (9/96)