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Feb 04 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 # P96000039299 (8)

1. Corporation Name
DENNIS NOWAK, P.A.



Principal Place of Business
2424 N. FEDERAL HWY. STE. 353
WYMAN PLAZA
BOCA RATON FL 33431

Mailing Address
2424 N. FEDERAL HWY. STE. 353
WYMAN PLAZA
BOCA RATON FL 33431-7781

3. Date Incorporated or Qualified
05/01/1986

3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 201 S. Biscayne Blvd. Ste 340 Suite, Apt. #, etc.	26 201 S. Biscayne Blvd. Ste 340 Suite, Apt. #, etc.	65-0672395	Not Applicable
22 Suite 340 City & State	27 Suite 340 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Miami, FL Zip	28 Miami, FL Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33131	29 33131	7. This corporation has liability for intangible tax under s. 189.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
25 U.S.A.	30 U.S.A.		

9. Name and Address of Current Registered Agent

NOWAK, DENNIS
2424 N. FEDERAL HWY, STE. 353
WYMAN PLAZA
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
Dennis Nowak

82 Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd.

83 Suite 340

84 City
Miami

85 Zip Code
FL 33131

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 Dennis Nowak, President DATE 1/22/97

Signature typed, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NOWAK, DENNIS		1.2 NAME Dennis Nowak	
STREET ADDRESS 2424 N. FEDERAL HWY, STE. 353		1.3 STREET ADDRESS 201 S. Biscayne Blvd., Suite 340	
CITY-ST-ZIP BOCA RATON FL 33431		1.4 CITY-ST-ZIP Miami, FL. 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Dennis Nowak, President DATE 1/22/97 305-577-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)