

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 28 1997 8:00am
Secretary of State

DOCUMENT # P96000050918 (7)

1. Corporation Name

MICHAEL M. TOBIN & ASSOCIATES, P.A.



Principal Place of Business
1099 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Mailing Address
1099 PONCE DE LEON BLVD.
CORAL GABLES FL 33134-3319

3. Date Incorporated or Qualified
06/14/1996

3a. Date of Last Report

2. Principal Place of Business

21 1099 PONCE DE LEON BLVD

Suite, Apt. #, etc.

22

City & State

23 CORAL GABLES

Zip

24 33134

Country

25 DADE

2a. Mailing Address

26 1099 PONCE DE LEON BLVD

Suite, Apt. #, etc.

27

City & State

28 CORAL GABLES

Zip

29 33134

Country

30 DADE

4. FEI Number

45-0678997

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

TOBIN, MICHAEL M
1099 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 file if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/22/97

12. OFFICERS AND DIRECTORS

TITLE D. PRESIDENT
NAME TOBIN, MICHAEL M
STREET ADDRESS 1099 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL 33134

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)