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Jan 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 # P96000074018 (8)

1. Corporation Name
SCHANFALD AND WARLEN, P.A.



Principal Place of Business
2724 CAYENNE AVENUE
COOPER CITY FL 33026

Mailing Address
2724 CAYENNE AVENUE
COOPER CITY FL 33026-4518

3. Date Incorporated or Qualified 09/03/1996	3a. Date of Last Report
4. FEI Number 65-0692292	Applied For Not Applicable
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	

2. Principal Place of Business 21 12550 BISCAYNE BLVD Suite, Apt. #, etc. 22 SUITE 402 City & State 23 NORTH MIAMI, FLORIDA Zip 24 33181	2a. Mailing Address 26 12550 BISCAYNE BLVD Suite, Apt. #, etc. 27 SUITE 402 City & State 28 NORTH MIAMI, FLORIDA Zip 29 33181
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9. Name and Address of Current Registered Agent WARLEN, GARY M 2724 CAYENNE AVENUE COOPER CITY FL 33026	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 12550 BISCAYNE BLVD. 83 SUITE 402 84 City NORTH MIAMI FL 85 Zip Code 33181
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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 SCHANFALD, SELWYN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12550 BISCAYNE BLVD.	1.2 NAME	
STREET ADDRESS	MIAMI FL 33181	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D WARLEN, GARY M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2724 CAYENNE AVENUE	2.2 NAME	
STREET ADDRESS	COOPER CITY FL 33026	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.

SIGNATURE: Gary M Warlen GARY M WARLEN, VICE PRES 1/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0136645

CR2E034 (9/96)