SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **S18807** **(5)**

1. Corporation Name
ADRIENNE MAIDENBAUM, P.A.

Principal Place of Business	Mailing Address
4651 SHERIDAN ST. SUITE 300 HOLLYWOOD FL 33021	4651 SHERIDAN ST. SUITE 300 HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 12/17/1990
3a. Date of Last Report: 06/13/1995

2. Principal Place of Business
21 4000 Hollywood Blvd
22 Suite 350 North
23 Hollywood FL
24 33021 25 Broward

2a. Mailing Address
26 4000 Hollywood Blvd.
27 Suite 350 North
28 Hollywood FL
29 33021 30 Broward

4. FEI Number: 65-0231848 ☐ 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

MAIDENBAUM, ADRIENNE, ESQ.
4651 SHERIDAN ST.
SUITE 300
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: ADRIENNE MAIDENBAUM, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 4000 HOLLYWOOD BLVD
83 SUITE 350 NORTH
84 City: HOLLYWOOD FL 85 Zip Code: 33021

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] ADRIENNE MAIDENBAUM 6/27/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MAIDENBAUM, ADRIENNE		12 NAME		
STREET ADDRESS	2033 NE 24TH STREET		13 STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL		14 CITY-ST-ZIP		
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] ADRIENNE MAIDENBAUM 6/27/96 (954)962-8889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #