

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

FILED

May 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 # **S23718** (7)

1. Corporation Name
CHAD P. PUGATCH, P.A.



Principal Place of Business CYPRESS PARK WEST SUITE 407 6700 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309	Mailing Address CYPRESS PARK WEST SUITE 407 6700 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309-2165
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3. Date Incorporated or Qualified 01/01/1991	3a. Date of Last Report 04/18/1996
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2. Principal Place of Business 21 NORTHMARK BUILDING SUITE 101	2a. Mailing Address 26 NORTHMARK BUILDING SUITE 101	4. FEI Number 65-0456478	Applied For <input type="checkbox"/> Not Applicable
22 33 NE 2ND STREET	27 33 NE 2ND STREET	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 FT. LAUDERDALE, FL	28 FT. LAUDERDALE, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33301 25 USA	29 33301 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PUGATCH, CHAD P.
CYPRESS PARK WEST, SUITE 407
6700 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name PUGATCH, CHAD P.	85 Zip Code 33301
82 Street Address (P.O. Box Number is Not Acceptable) NORTHMARK BUILDING SUITE 101	
83 33 NE 2ND STREET	
84 City FT. LAUDERDALE FL	

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 DPT	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PUGATCH, CHAD P.		1.2 NAME	
STREET ADDRESS 6700 NORTH ANDREWS AVE., #407		1.3 STREET ADDRESS 33 NORTHEAST 2ND STREET #101	
CITY-ST-ZIP FORT LAUDERDALE FL 33309		1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33301	
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	
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, in an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

954-462-8000

0200020

CR2E034 (9/96)