

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S40242**

(7)

1. Corporation Name

BURTON G. SHARFF, P.A.



Principal Place of Business

**2315 S CONGRESS AVE
WEST PALM BEACH FL 33406**

Mailing Address

**2315 S CONGRESS AVE
WEST PALM BEACH FL 33406**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

9. Name and Address of Current Registered Agent

**SHARFF, BURTON G.
2315 S. CONGRESS AVENUE
WEST PALM BEACH FL 33406**

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 607.1505, Florida Statutes, this 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 of person changing registered office or agent

Signature of New Agent, if different from above

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	SHARFF, BURTON G	
STREET ADDRESS	2315 S CONGRESS AVE	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	D	☐ DELETE
NAME	SHARFF, BURTON G	
STREET ADDRESS	2315 S CONGRESS AVE	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
15. TITLE	☐ Change ☐ Addition
16. NAME	
17. STREET ADDRESS	
18. CITY-ST-ZIP	
19. TITLE	☐ Change ☐ Addition
20. NAME	
21. STREET ADDRESS	
22. CITY-ST-ZIP	
23. TITLE	☐ Change ☐ Addition
24. NAME	
25. STREET ADDRESS	
26. CITY-ST-ZIP	
27. TITLE	☐ Change ☐ Addition
28. NAME	
29. STREET ADDRESS	
30. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is correctly 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 supplement 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 this corporation or the person or persons 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:

Burton G. Sharff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Burton G. Sharff, President

4/10/96

407-968-7500

CR2E034 (12/95)