

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S74324** (2)

1. Corporation Name
PEOPLES LAW CENTER, P.A.



Principal Place of Business

Mailing Address

**16585 N.W. 2ND AVE.
MIAMI FL 33169**

**16585 N.W. 2ND AVE.
MIAMI FL 33169**

2. Principal Place of Business

2a. Mailing Address

21 State Apt #, etc

26 Subj. Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DEUTSCH, DAVID
16585 N.W. 2ND AVE.
MIAMI FL 33169**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

08/19/1991

3a. Date of Last Report

08/15/1995

4. FE Number

65-0278913

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0422 and 607.1506, 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0405, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent

Signature of the President, Treasurer, or Secretary

Date

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DEUTSCH, DAVID	
STREET ADDRESS	16585 N.W. 2ND AVE.	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 NAME	
1.2 STREET ADDRESS	
1.3 CITY-STATE-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 NAME	
2.2 STREET ADDRESS	
2.3 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE	
3.1 NAME	
3.2 STREET ADDRESS	
3.3 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 NAME	
4.2 STREET ADDRESS	
4.3 CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 NAME	
5.2 STREET ADDRESS	
5.3 CITY-STATE-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 NAME	
6.2 STREET ADDRESS	
6.3 CITY-STATE-ZIP	

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 included 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 trustee or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if I am registered or an authorized agent with an address.

SIGNATURE: *David Deutsch* David Deutsch, President 3/19/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Filing Fee

CR2E034 (12/95)