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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

S83162

(5)

1. Corporation Name
SOUTH FLORIDA LEGAL ASSOCIATES, P.A.

	1. Company	Mailing Address				1 1101 01214 01214 01011 21011 01011 01011 1401
Principal Place of Business  2701 W OAKLAND PARK BLVD  STE 210  FT LAUDERDALE FL 33311 US		2701 W OAKLAND PARK BLVD STE 210				
		FT LAUDERDALE US	FT LAUDERDALE FL 33311 US		3. Date Incorporated or Qualified 09/27/1991	3a. Date of Last Report 05/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address	·· · · -		4. FEI Number 65-0278818	Applied For Not Applicable
Suite Apt. #,	, etc	Suite, Apl. #, etc		,	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State		City & State			Election Campaign Financing     Trust Fund Contribution	S \$5.00 May Be Added to Fees
Z(p	Country 25	Zip 29	Country 30		Theritad Character	s 🔲 No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New	Hegistered Agent
			81	Name		
SACKLER, CRAKG 2701 W OAKLAND PARK BLVD			82	Street A	ddress (P.O. Box Number is Not Accepta	ible)
#210	MIAMI BEACH FL 33311		83			85 Zıp Code
NUHIH	MIAMI DEAUN FL 33311		84	City		FL 85 Zip Code
12.		aged and the flat Charles S AND DIRECTORS	(NOTE Hagistated April 13.	et signature zei	Rived substrained army!  ADDITIONS: CHANGES TO OF	DATE FICERS AND DIRECTORS IN 12 Change Addition
NAME	PS SACKLER, CRAIG 2701 W OAKLAND PARK	<u></u>	1.2 NAME	ADDRESS		_
STREET ADDRESS CHTV-ST-ZIP	FT. LAUDERDALE FL		14 CITY -	1		
TITLE		DELETE				Change Addition
NAME			2 2 NAME			
STREET ADDRESS				I ADDRESS		
CITY-S!-ZIP		DELET	2 4 C:TY - 3 1 T//TLE	ST ZiP		Change Addition
TITLE			3 2 NAME			—
NAME STREET ADDRESS			<b>B</b> i	r address		
CITY-ST-ZIP			3 4 C-TY			
TITLE		DELET	4 1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			1	T ADDRESS		
CITY-ST-ZIP		DELET	44 CITY : E 5 1 TITLI			Change Addition
THLE			5.2 NAMI			
NAME STREET ADDRESS			•	LADORESS		
CITY - ST - ZIP			5.4 CITY			
TIFLE		DELET	Ē 6.11₁π.			Change Addition
NAME			6.2 NAM			
STREET ADDRESS				E1 ADDRESS		
1	I		■ 6 a City	S1 - 7(P	1	

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 componition 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: \_\_

SIGNATURE NO TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(ваустное Реминас **#** 

CR2E034 (12/95)

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