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**Apr 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V02466 (3)

1. Corporation Name
EVAN M. KLEIMAN, P.A.



Principal Place of Business
**1940 HARRISON STREET
SUITE 800
HOLLYWOOD FL 33020
US**

Mailing Address
**1940 HARRISON STREET
SUITE 300
HOLLYWOOD FL 33020-5073
US**

3. Date Incorporated or Qualified **12/26/1991** 3a. Date of Last Report **08/07/1996**

2. Principal Place of Business
21 **901 South Federal Hwy** 26 **901 S. Federal Hwy**
Suite, Apt. #, etc. **300** Suite, Apt. #, etc. **300**
22 **300** 27 **300**
City & State **Ft. Lauderdale** 28 **Ft. Lauderdale FL**
23 **Ft. Lauderdale** 29 **33316** 30 **US**
Zip **33316** Country **US** 25 **US** 24 **33316** 30 **US**

4. FEI Number **65-0306374** 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
**KLEIMAN, EVAN M.
1940 HARRISON STREET
SUITE 300
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent
81 Name **Evan M. Kleiman**
82 Street Address (P.O. Box Number is Not Acceptable) **901 South Federal Hwy #300**
83
84 City **Ft. Lauderdale FL** 85 Zip Code **33316**

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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	KLEIMAN, EVAN M.	
STREET ADDRESS	1940 HARRISON STREET #300	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kleiman, Evan M.	
1.3 STREET ADDRESS	901 South Federal Hwy #300	
1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33316	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, or on an attachment with an address.

CR2E034 (9/96)