

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V07472 (6)

1. Corporation Name

LAURIE A. BELOFF, P.A.



Principal Place of Business

Mailing Address

44000 DISCAYNE BLVD.
SUITE 200
NORTH MIAMI FL 33141
US

44000 DISCAYNE BLVD.
SUITE 200
NORTH MIAMI FL 33141
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Hollywood, Florida

28 Hollywood, Florida

24 Zip Country

29 Zip Country

25 Broward

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELOFF, LAURIE A.
44000 DISCAYNE BLVD
STE 200
N MIAMI FL 33141

81 Name
82 BELOFF, LAURIE A.
83 Street Address (P.O. Box Number is Not Acceptable)
3872 SHERIDAN ST.
84 City Hollywood, FL 85 Zip Code 33091

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)

4/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D BELOFF, LAURIE A.	44000 DISCAYNE BLVD. 104	NORT MIAMI FL

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	D BELOFF, LAURIE A.	3872 SHERIDAN ST.	Hollywood, Florida 33091

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 corporation or the owner 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

Date

Daytime Phone #

CR2E034 (12/95)