

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED  
AND  
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97 MAY -1 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V13276 (3)

1. Corporation Name  
LAW OFFICES OF ARIEL POPLACK, P.A.

Principal Place of Business 4700-B SHERIDAN ST HOLLYWOOD FL 33021 US	Mailing Address 4700-B SHERIDAN ST HOLLYWOOD FL 33021-3416 US
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2. Principal Place of Business 21 930 SOUTH STATE ROAD 7 Suite, Apt. #, etc. 22 City & State 23 PLANTATION, FL Zip 24 33317 Country 25 USA	2a. Mailing Address 26 930 SOUTH STATE ROAD 7 Suite, Apt. #, etc. 27 City & State 28 PLANTATION FL Zip 29 33317 Country 30 USA
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3. Date Incorporated or Qualified 02/11/1992	3a. Date of Last Report 04/29/1996
4. FEI Number 65-0311544	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent POPLACK, ARIEL 4700-B SHERIDAN STREET HOLLYWOOD FL 33021 930 SOUTH STATE ROAD 7 PLANTATION, FL 33317	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

10. Name and Address of New Registered Agent	
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 607.1508, 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	PD
NAME	POPLACK, ARIEL
STREET ADDRESS	4700-B SHERIDAN ST.
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	930 SOUTH STATE ROAD 7
1.4 CITY-ST-ZIP	PLANTATION, FL 33317
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	100002168341--1
2.4 CITY-ST-ZIP	-05/06/97--01127--002
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	****165.00 ****165.00
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Date

Daytime Phone #

0129087

CR2E034 (9/96)