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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V14617 (7)

1. Corporation Name

LEWIS J. MOSKOWITZ, L.M.H.C., P.A.



Principal Place of Business

Mailing Address

5750 MARGATE BLVD
STE 204
MARGATE FL 33063
US

5750 MARGATE BLVD
STE 204
MARGATE FL 33063-3660
US

3. Date Incorporated or Qualified

02/14/1992

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 541 S. SR 7

26 22361 Collington Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3

27

City & State

City & State

23 MARGATE, FL

28 Boca Raton, FL

Zip

Country

Zip

Country

24 33068

25 BROWARD

29 33428

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSKOWITZ, LEWIS J.
22361 COLLINGTON DRIVE
BOCA RATON FL 33428

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D MOSKOWITZ, LEWIS J. DELETE

NAME MOSKOWITZ, LEWIS J.
STREET ADDRESS 22361 COLLINGTON DRIVE
CITY-ST-ZIP BOCA RATON FL

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 Lewis J. Moskowitz / Lewis J. Moskowitz / 4/6/97 (954) 979-1611

CR2E034 (9/96)