

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra El Mouradi  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY - 1 AM 10: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V48565 (8)**

1. Corporation Name  
**SUSAN P. BAKALAR, P.A.**

Principal Place of Business <b>1152 N. UNIVERSITY DRIVE SUITE #201 PEMBROKE PINES FL 33024</b>	Mailing Address <b>1152 N. UNIVERSITY DRIVE SUITE #201 PEMBROKE PINES FL 33024</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>07/08/1992</b>	3a. Date of Last Report <b>07/13/1994</b>
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0343072</b>		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		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	
22. City & State		27. City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23. Zip	Country	28. Zip	Country				
24.	25.	29.	30.				

9. Name and Address of Current Registered Agent <b>PALESKY, SUSAN P 1152 N. UNIVERSITY DR. SUITE 201 PEMBROKE PINES FL 33024</b>				10. Name and Address of New Registered Agent			
				81. Name	<b>SUSAN P. Bakalar</b>		
				82. Street Address (P.O. Box Number is Not Acceptable)	<b>1152 N. University Dr.</b>		
				83.	<b>Suite 201</b>		
				84. City	<b>Pembroke Pines</b>	85. Zip Code	<b>FL 33024</b>

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 *Susan P. Bakalar* **SUSAN P. BAKALAR** PRESIDENT **4/28/95**  
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BARALAR SUSAN</b>	1.2 NAME	<b>BAKALAR SUSAN</b>
STREET ADDRESS	<b>1152 N. UNIVERSITY DR.</b>	1.3 STREET ADDRESS	<b>Suite 201</b>
CITY - ST - ZIP	<b>PEMBROKE PINES FL 33024</b>	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(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 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: *Susan P. Bakalar* **SUSAN P. BAKALAR, PRES.** **4/28/95** (305) 231-8100  
Signature typed or printed name of signing officer or director