

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 # **V48565 (8)**

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



Principal Place of Business Mailing Address
1152 N. UNIVERSITY DRIVE SUITE #201 PEMBROKE PINES FL 33024

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **07/08/1992** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0343072** 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

**BAKALAR, SUSAN P.
1152 N. UNIVERSITY DR.
SUITE 201
PEMBROKE PINES FL 33024**

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 607.1504, 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 Sections 607.0501, Florida Statutes.

SIGNATURE *Susan P. Bakalar*

1/24/96

12. OFFICERS AND DIRECTORS

P	BAKALAR, SUSAN	<input type="checkbox"/> DELETE
NAME	1152 N. UNIVERSITY DR. SUITE 201	
STREET ADDRESS	PEMBROKE PINES FL	
CITY, ST, ZIP		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		<input type="checkbox"/> DELETE
CITY, ST, ZIP		
NAME		
STREET ADDRESS		<input type="checkbox"/> DELETE
CITY, ST, ZIP		
NAME		
STREET ADDRESS		<input type="checkbox"/> DELETE
CITY, ST, ZIP		
NAME		
STREET ADDRESS		<input type="checkbox"/> DELETE
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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 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 its 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 in a replacement with an address.

SIGNATURE *Susan P. Bakalar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96 (305) 431-8100

CR2E034 (12/95)