

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 11:14

DOCUMENT # **V65953** (4)

1. Corporation Name
SILVERMAN, SELEY, WENDER, KOONIN & CHAPLIN, P.A.

Principal Place of Business 21000 NE 28TH AVE NORTH MIAMI BEACH FL 33180 US	Mailing Address 21000 NE 28TH AVE NORTH MIAMI BEACH FL 33180 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/23/1992	3a. Date of Last Report 04/19/1994
4. FEI Number 65-0357304	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
SILVERMAN, BARRY J
21000 NE 28TH AVE
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SILVERMAN, BARRY J
STREET ADDRESS	21000 NE 28TH AVE
CITY-ST-ZIP	NORTH MIAMI BCH FL
TITLE	D
NAME	WENDER, STEPHEN S
STREET ADDRESS	21000 NE 28TH AVE
CITY-ST-ZIP	NORTH MIAMI BCH FL
TITLE	D
NAME	CHAPLIN, PAUL B
STREET ADDRESS	21000 NE 28TH AVE
CITY-ST-ZIP	NORTH MIAMI BCH FL
TITLE	D
NAME	SELEY, FREDERICK B
STREET ADDRESS	21000 NE 28TH AVE
CITY-ST-ZIP	NORTH MIAMI BCH FL
TITLE	D
NAME	KOONIN, MICHAEL M
STREET ADDRESS	2100 NE 28TH AVE
CITY-ST-ZIP	NORTH MIAMI BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 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: Frederick B. Seley, III 3/9/95 (305)937-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR