

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 # **514744** (2)

1. Corporation Name
PAUL BRESLOW, D.C., P.A.



Principal Place of Business: **12501 N.E. 5TH AVENUE NORTH MIAMI FL 33161**
 Mailing Address: **12501 N.E. 5TH AVENUE NORTH MIAMI FL 33161**

3. Date Incorporated or Qualified: **11/12/1976**
 3a. Date of Last Report: **01/25/1995**
 4. FEI Number: **59-1733250**
 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

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

9. Name and Address of Current Registered Agent

**BRESLOW, PAUL DR.
 12501 N.E. 5TH AVENUE
 NORTH MIAMI FL 33161**

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 of Registered Agent (to be signed and dated by the agent) Signature of New Registered Agent (to be signed and dated when re-registering) DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. 1.1 TITLE: DELETE
 NAME: **PD BRESLOW, PAUL**
 STREET ADDRESS: **12501 N.E. 5TH AVE.**
 CITY-STATE-ZIP: **NORTH MIAMI FL**
 2.1 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:
 3.1 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:
 4.1 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:
 5.1 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:
 6.1 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

1.1 TITLE: Change Addition
 NAME:
 1.2 STREET ADDRESS:
 1.3 CITY-STATE-ZIP:
 2.1 TITLE: Change Addition
 2.2 NAME:
 2.3 STREET ADDRESS:
 2.4 CITY-STATE-ZIP:
 3.1 TITLE: Change Addition
 3.2 NAME:
 3.3 STREET ADDRESS:
 3.4 CITY-STATE-ZIP:
 4.1 TITLE: Change Addition
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY-STATE-ZIP:
 5.1 TITLE: Change Addition
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY-STATE-ZIP:
 6.1 TITLE: Change Addition
 6.2 NAME:
 6.3 STREET ADDRESS:
 6.4 CITY-STATE-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 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: *Paul Breslow*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/96 305-893-1201
 DATE: 305-893-1201
 COUNTY PHONE #

CR2E034 (12/95)