

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 683240 (6)

1. Corporation Name

MARSHALL J. LANGER, P.A.

Principal Place of Business

1600 MIAMI CENTER
201 S BISCAYNE BLVD
MIAMI FL 33131

Mailing Address

1600 MIAMI CENTER
201 S BISCAYNE BLVD
MIAMI FL 33131



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/27/1980

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2021172

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

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
1600 MIAMI CENTER
201 S BISCAYNE BLVD
MIAMI FL 33131

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's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

NAME LANGER, CAROLE W

STREET ADDRESS ~~30 PICCADILLY~~

CITY-ST-ZIP LONDON, ENGLAND

TITLE PTD ☐ DELETE

NAME LANGER, MARSHALL J.

STREET ADDRESS ~~30 PICCADILLY~~

CITY-ST-ZIP LONDON, ENGLAND

TITLE D ☐ DELETE

NAME SCHADE, ROSEMARIE S

STREET ADDRESS EUROPA BLVD 59

CITY-ST-ZIP AMSTERDAM, NETHERLAND

TITLE D ☐ DELETE

NAME DAMSKY, GERALD D

STREET ADDRESS ~~25 SE SECOND AVENUE~~

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

43 UPPER GROSVENOR STREET

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

43 UPPER GROSVENOR STREET

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5355 TOWN CENTER ROAD
BOCA RATON FL 33496

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

700001838287
-05/24/96--01031--026

***225.00

☐ Change ☐ Addition

5/23/96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARSHALL J. LANGER

5/14/96

305/379 9130

Date

Daytime Phone #

CR2E034 (12/95)