

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90002 044 ***150.00

DOCUMENT # M08806

1. Corporation Name

ZAND, FISCHER, MUROFF & PLATZER, P.A.

Principal Place of Business

~~BARNETT BANK CENTER, SUITE 110~~
300 S. PINE ISLAND ROAD
PLANTATION FL 33324

Mailing Address

~~BARNETT BANK CENTER, SUITE 110~~
300 S. PINE ISLAND ROAD
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1984

4. FEI Number

59-2465141

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 owes the current year Intangible
Personal Property Tax.

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

FISCHER, STEVEN P.

~~BARNETT BANK CENTER, SUITE 110~~
300 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

Fischer, Steven P.

82 Street Address (P.O. Box Number is Not Acceptable)

300 S. Pine Island Road

83

Suite 110

84 City

Plantation

FL

85 Zip Code
33324

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~VPD~~ ☐ DELETE

NAME FISCHER, STEVEN P.
STREET ADDRESS 300 S. PINE ISLAND RD #110
CITY-ST-ZIP PLANTATION FL

TITLE ~~VPD~~ ☐ DELETE

NAME ZAND, MARK J.
STREET ADDRESS 300 S PINE ISLAND RD #110
CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ~~VPD~~ ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

33324

2.1 TITLE ~~VPD~~ ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

33324

3.1 TITLE ~~TD~~ ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

MUROFF, Howard W.
300 S. Pine Island Rd # 110
Plantation, FL 33324

4.1 TITLE ~~SD~~ ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

PLATZER, William N.
300 S. Pine Island Rd # 110
Plantation, FL 33324

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-99 954-370-0300

CR2E034 (11/98)