

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

pg 1 of 2

PROFIT
CORPORATION
ANNUAL REPORT



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

FILED

97 APR 24 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96-1997
DOCUMENT #P94000004105
1. Corporation Name
Sokol & Sokol, C.P.A., P.A.

Principal Place of Business

Mailing Address

14001 SW 104 Place
Miami, FL 33176

Same.

3. Date Incorporated or Qualified

1/10/94

3a. Date of Last Report

4/26/95

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0460107

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

10. Name and Address of New Registered Agent

Brad Sokol
14001 SW 104 Place
Miami, FL 33176

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Pres, Treas	<input type="checkbox"/> DELETE
NAME	Sokol, Brad	
STREET ADDRESS	14001 SW 104 Place	
CITY- ST- ZIP	Miami, FL 33176	
TITLE	VP, Sec	<input type="checkbox"/> DELETE
NAME	Sokol, Lauren	
STREET ADDRESS	14001 SW 104 Place	
CITY- ST- ZIP	Miami, FL 33176	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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	

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****365.00 ****365.00

14. I do 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 or is changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

Date

3052521911

Daytime Phone #

CR2E034 (9/96)

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SOKOL & SOKOL

CERTIFIED PUBLIC ACCOUNTANTS

14001 S.W. 104 Place
Miami, Florida 33176-7024
(305) 252-1911
Fax: (305) 252-1980

Florida Dept. of State
Attention: Ms. Leslie Sellers
POB 6327
Tallahassee, Florida 32314

Dear Ms. Sellers:

Pursuant to our phone conversation and your letter, I am enclosing a check in the amount of \$365 for the 1996 and 1997 annual corporate fee.

In April, 1995, we filed a corporate annual report for Sokol & Sokol, C.P.A. , P.A., however our firm did not receive an annual report in 1996 and therefore failed to file for that year. I am enclosing a copy of the 1995 annual report.

Apparently the department entered our address as 1400 SW 104 place instead of 14001 SW 104 Place and therefore we did not receive the report in 1996.

We appreciate your efforts in resolving this problem without assessing our firm penalties (reinstatement fees).

I am also enclosing an application of fictitious name which could not be processed before Sokol & Sokol, C.P.A. , P.A. is in good standing. We already paid \$80 as indicated on the top left of the application. We would appreciate it if you could forward this to the appropriate department for processing when you have finished with Sokol & Sokol, C.P.A. , P.A.

If you have any questions please feel free to call.

Sincerely,



Brad A. Sokol, C.P.A.
Sokol & Sokol
Certified Public Accountants