

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V33703 (2)**

1. Corporation Name  
**THOMAS G. GUZDA, P.A.**



Principal Place of Business: **4992 N PINE ISLAND RD 3RD FLOOR LAUDERHILL FL 33351 US**  
Mailing Address: **4992 N PINE ISLAND RD 3RD FLOOR LAUDERHILL FL 33351 US**

3. Date Incorporated or Qualified: **05/04/1992**  
3a. Date of Last Report: **04/10/1995**  
4. FEI Number: **65-0332272**  
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 **4992 N. Pine Island Rd**  
22 **2<sup>ND</sup> FLOOR**  
23 **LAUDERHILL FL**  
24 **33351** 25 **USA**  
2a. Mailing Address  
26 **4992 N. Pine Island Rd**  
27 **2<sup>ND</sup> FLOOR**  
28 **LAUDERHILL, FL**  
29 **33351** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMAS G GUZDA  
4992 N PINE ISLAND RD  
3RD FLOOR  
LAUDERHILL FL 33351**

81 Name: **THOMAS G. GUZDA**  
82 Street Address (P.O. Box Number is Not Acceptable): **4992 N. PINE ISLAND RD**  
83 **2<sup>ND</sup> FLOOR**  
84 City: **LAUDERHILL** FL 85 Zip Code: **33351**

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: *Thomas G. Guzda* **THOMAS G. GUZDA (PRESIDENT)** 6/26/96  
Signature required for participation of registered agent and fee if applicable. (NOTE: Registered Agent's signature required for reinstating.)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>GUZDA, THOMAS G.</b>	
STREET ADDRESS	<b>116 S.E. 8TH COURT</b>	
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>THOMAS G. GUZDA</b>		
1.3 STREET ADDRESS	<b>4992 N. PINE ISLAND RD</b>		
1.4 CITY - ST - ZIP	<b>LAUDERHILL, FL 33351</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Thomas G. Guzda* **THOMAS G. GUZDA** 6/26/96 (954) 749-3400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)