

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 # **S99608** (9)

1. Corporation Name

ASSET PROTECTION OF FLORIDA, INC.



Principal Place of Business

**6265 BEACONWOOD RD
LAKE WORTH FL 33467**

Mailing Address

**126 THIRD STREET
MINEOLA NY 11501
US**

2. Principal Place of Business

2a. Mailing Address

2357 BEDFORD AVE.

Suite, Apt. #, etc.

27

City & State

BELLMORE N.Y.

28

Zip

11710

29

Country

US

30

Country

US

31

City

BELLMORE

State

N.Y.

Zip

11710

Country

US

City

BELLMORE

State

N.Y.

Zip

11710

Country

US

City

BELLMORE

State

N.Y.

Zip

11710

Country

US

City

BELLMORE

State

N.Y.

Zip

11710

Country

US

City

BELLMORE

State

N.Y.

3. Date Incorporated or Qualified
12/11/1991

3a. Date of Last Report
02/06/1995

4. FEI Number
65-0305940

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

**ZELDIN, JACK
6265 BEACONWOOD RD
LAKE WORTH FL 33467**

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

TITLE	PS	☐ DELETE
NAME	ZELDIN, DAVID E.	
STREET ADDRESS	126 3RD STREET	
CITY-ST-ZIP	MINEOLA NY	
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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	2357 BEDFORD AVENUE
1.4 CITY-ST-ZIP	BELLMORE N.Y. 11710
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID E. ZELDIN

Date

Daytime Phone #

576-781-1000

CR2E034 (12/95)