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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000079222 (3)

DOCUMENT # P94

1. Corporation Name

RHONDA HOLLANDER, P.A.

| nnon | NDA HOLLANDEN, F.A. | | | | |
|----------------------------|--|--|--|---|--|
| Principal Place | of Business | Mailing Address | | (1881498) (18 18111 81811 FAIAL GAI | 'i Affell a life balle i fels elaid sidis tile ber |
| 800 SE 3RE | D AVE | 1861 N FEDERAL | HWY | | |
| 301 | • | 251 | | | |
| FT LAUDER US | RDALE FL 33301 | HOLLYWOOD FL U\$ | 33022 | Date Incorporated or Qualified 10/28/1994 | 3a. Date of Last Report 06/08/1995 |
| | | | | 4. FEI Number | Applied For |
| 2. Principal Pla 21 | ace of Business | 2a. Mailing Address | | 65-0530992 | Not Applicable |
| Suite, Apt | #, etc | Suite, Apt. #, etc | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| Cify & State | e | City & State | | Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees |
| 23 | Country | 28 Zip | Country | 8. This corporation has liability for i | |
| Z⊯ 24 | 25 | 29 | 30 | | □No |
| ···1 | 9. Name and Address of Curro | | | 10. Name and Address of New R | egistered Agent |
| | | | 81 Name | Rhanda Hollanda | L. |
| P0771 | JOLI, EDWARD J | | 82 Street Ad | Idress (P.O. Box Number is Not Acceptab | le) |
| | BROWARD BLVD | | | 801 N Roleial this | 1 # 251 |
| SUITE | | | 83 | | 1 |
| | UDERDALE FL 33301 | | 84 City 1) | 1) | FL 85 Zip Code 20 |
| | | | 17 | olywood | |
| 11. Pursuant | to the provisions of Sections 607.05 | 02 and 607,1508, Florida St | atutes, the above named corp | poration submits this statement for the pul pard of directors. I hereby accept the app | pose of changing its registered office ointment as registered agent. I am |
| or register familiar wi | ith, and accept the obligations of Se | ection 607.0505, Florida Stat | utes. | 2 | -1 10 |
| SIGNATURE | X Wille- | - RHONDA HX | IANDER F.A. (NOTE: Registered Agent signature requ | PRES. | 0/11/96 |
| | Signature, typing or political name of registered ag- | ent and title. Lapplicable | (NO1E: Registered Agent signature requ | uired when rainstating) ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTORS IN 12 |
| 12. | | AND DIRECTORS DELETE | 13. | ADDITIONS/CHANGES TO OTT | Change Addition |
| THE | D DUOLS AND ED DUOMDA | Dottere | 12 NAME | | |
| NAME | HOLLANDER, RHONDA | 064 | 1.3 STREET ADDRESS | | |
| STREET ADDRESS | 1861 N FEDERAL HWY 2 HOLLYWOOD FL | 201 | 1.4 CITY - ST - ZIP | | |
| CIY ST-ZIP | HOLETWOOD IL | ☐ DELETE | 2 1 TITLE | | Change Addition |
| NAME | | . | 2 2 NAME | | |
| STREET ADDRESS | | | 2 3 STREET ADDRESS | | |
| City -St. 20F | | | 2.4 DITY-ST-ZIP | | |
| TILLE | | DELETE | 3 1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| City-S!-ZiP | | | 3.4 CITY - S1 - ZIP | | |
| 11/Lt | | ☐ DELETE | 4 1 TITLE | | Change Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| C(TY - ST - Z(F) | | | 4.4 CITY - ST - ZIP | | ☐ Change ☐ Addition |
| *111.5 | | ☐ DETELE | 5 1 TITLE | | Change Addition |
| NAM(| | | 52 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| (117-S1-71P | | FT DELETE | 6 1 TITLE | | Change Addition |
| TITLE | | ☐ DELETE | | | |
| NAM í | | | 6 2 NAME | | |
| STREET ADDRESS | | | 6 3 STREET ADDRESS | | |
| CITY - ST - ZIP | by cartify that the information currely | ed with this filing is voluntarily | 64 City-ST-ZiP furnished and does not quali | fy for the exemption stated in Section 119 | 07(3)(k), Florida Statutes. I further |
| certify the | at the information indicated on this a at I am an officer or director of the co in Block 12 or Block 13 if changed | innual report or supplemental progration or the receiver or t | rustee empowered to execute | curate and that my signature shall have the this report as required by Chapter 607, F | e same legal effect as if made under lorida Statutes; and that my name |

SIGNATURE:

SIGNATURE AND TO PEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

954-523-3888 Daytime Phone #

Daytime Phone #

R2F034 (12/9