## 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

**DOCUMENT #** 

1996

K61494

(6)

LAW OFFICES OF TODD F. HERTZBERG, A PROFESSIONAL **ASSOCIATION** 

Principal Place of Business

Mailing Address



CLEARWATER	NUA DA. RFL 34616	1013 MAGNOLIA DR. CLEARWATER FL 34	616		
				3. Date Incorporated or Qualified 02/01/1989	3a. Date of Last Report 07/07/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		59-2936155	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country 25	Zip <b>29</b>	Country 30	8. This corporation has liability for in Florida Statutes Yes	intangible tax under s. 199.032, ☐ No
<u> </u>	9. Name and Address of Curre	nt Registered Agent	L	10. Name and Address of New R	tegistered Agent
			81 Name		
	Berg, todd f. Agnolia dr.		82 Street Ac	ddress (P.O. Box Number is Not Acceptab	oie)
	VATER FL 34616		83		
			84 City	un ( 2 ven )	FL 85 Zip Code
11 Pursuant to	the provisions of Sections 607 050	2 and 607 1508. Florida Statu	ites, the above named con	poration submits this statement for the pur	rpose of changing its registered office
or registere	ed agent, or both, in the State of Flor h, and accept the obligations of, Soc	ida. Such change was author	zed by the corporation's b	oard of directors. I hereby accept the appli-	ointment as registered agent. I am
RIGNATURE					
	Signature, by seek or ported marries of registerial large.		POLE Registered Agent signature real		DATE
				100:101013 1111050 70 055	TOT COO AARD DEDE OTOGOO HELAG
		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
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ITLE IAME	dps Hertzberg, todd f.		1   TITLE 12 NAMC	ADDITIONS/O-IANGES TO OFF	
ITLE AME TREET ADORESS	DPS HERTZBERG, TODD F. 2165 KARAN WAY		1 LTITLE 12 NAMC 1.3 STREET ADDRESS	ADDITIONS43+IANGES TO OFF	
ITLE AME TREET ADORESS ITY-ST-ZIP	dps Hertzberg, todd f.	☐ Dècé16	1   1 TILE 12 NAMC 1.3 STREET ADDRESS 1 4 CITY - ST- ZIP	ADDITIONS43+IANGES TO OFF	☐ Change ☐ Addition
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receitly that the information indicated on this annual report or supplemental arrivators no: quality for the exemption solitic of Section 119.07(s)(k), Florida Statutes Truffier 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 this carpo at on or the receiver or trusted 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 attachange with an address.

heidur