

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 18 1997 8:00am  
Secretary of State

DOCUMENT # **P93000044850 (4)**

1. Corporation Name

**BRUCE ALAN FLORIDA CITY, INC.**

Principal Place of Business

**250 E PALM DR  
STE 270  
FLORIDA CITY FL 33034  
US**

Mailing Address

**21-15 ROSALIE ST  
FAIR LAWN NJ 07410-3025**



2. Principal Place of Business

**21** State, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

3. Date Incorporated or Qualified

**06/24/1993**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**22-3208508**

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

**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
110 N MAGNOLIA ST  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

**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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**P  
GANZ, BRUCE  
21-15 ROSALIE STREET  
FAIR LAWN NJ**

☐ DELETE

**ST  
GANZ, MAY  
21-15 ROSALIE STREET  
FAIR LAWN NJ**

☐ DELETE

**ST  
GANZ, MAY  
21-15 ROSALIE STREET  
FAIR LAWN NJ**

☐ DELETE

**ST  
GANZ, MAY  
21-15 ROSALIE STREET  
FAIR LAWN NJ**

☐ DELETE

**ST  
GANZ, MAY  
21-15 ROSALIE STREET  
FAIR LAWN NJ**

☐ DELETE

**ST  
GANZ, MAY  
21-15 ROSALIE STREET  
FAIR LAWN NJ**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**11** TITLE  
**12** NAME  
**13** STREET ADDRESS  
**14** CITY - ST - ZIP

☐ Change ☐ Addition

**21** TITLE  
**22** NAME  
**23** STREET ADDRESS  
**24** CITY - ST - ZIP

☐ Change ☐ Addition

**31** TITLE  
**32** NAME  
**33** STREET ADDRESS  
**34** CITY - ST - ZIP

☐ Change ☐ Addition

**41** TITLE  
**42** NAME  
**43** STREET ADDRESS  
**44** CITY - ST - ZIP

☐ Change ☐ Addition

**51** TITLE  
**52** NAME  
**53** STREET ADDRESS  
**54** CITY - ST - ZIP

☐ Change ☐ Addition

**61** TITLE  
**62** NAME  
**63** STREET ADDRESS  
**64** CITY - ST - ZIP

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, I changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed #

CR2E034 (9/96)