

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F38131**

1. Corporation Name

LARRY S. SAZANT PA

Principal Place of Business

Mailing Address

**2525 NO STATE RD 7
SUITE 100
HOLLYWOOD, FL 33021**

2. Principal Place of Business

2a. Mailing Address

21 2525 NO STATE RD 7

26 2525 NO STATE RD 7

22 SUITE 100

27

23 HOLLYWOOD FL

28 HOLLYWOOD FL

24 33021 25 USA

29 33021 30 FL

9. Name and Address of Current Registered Agent

**LARRY S. SAZANT
2525 NO STATE RD 7
SUITE 100
HOLLYWOOD FL 33021**

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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person in charge of registration of the corporation

(NOTE: If person is Agent, signature must be in ink)

(DATE)

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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13.

TITLE

NAME

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CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE

LARRY S. SAZANT PRES Mar. 5/99 954-966-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

99 MAR -8 AM 11:40
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

July 15, 1981

4. FID Number

59-2115013

Applied For
Not Applicable

\$8.75 Additional
Fee Required

5. Certificate of Status Desired

\$5.00 May Be
Added to Fee

6. Election Campaign Financing
Trust Fund Contribution

8. This corporation owes the current year intangible
Personal Property Tax ☐ Yes ☒ No

10. Name and Address of New Registered Agent

CR2E034 (11/98)