

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M84429

**Entity Name:** 977 NW 19TH AVENUE CORPORATION

**Current Principal Place of Business:**

% HOWARD SKLAR  
145 LEHIGH AVENUE  
FLAGLER BEACH, FL 32136

**Current Mailing Address:**

% HOWARD SKLAR  
P.O. BOX 280  
FLAGLER BEACH, FL 32136 US

**FEI Number:** 65-0058097

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SKLAR, HOWARD  
3231 N OCEAN  
FLAGLER BEACH, FL 32136 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name SKLAR, HOWARD  
Address 3231 N OCEANSHORE BLVD  
City-State-Zip: FLAGLER BEACH FL 32136

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HOWARD L SKLAR

**PRESIDENT**

**04/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date