

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 457822 (5)

1. Corporation Name

JACK PHILIP AND SON, INC.



Principal Place of Business

9999 N E 2ND AVE #316
MIAMI SHORES FL 33138

Mailing Address

9999 N E 2ND AVE #316
MIAMI SHORES FL 33138

3. Date Incorporated or Qualified
09/10/1974

3a. Date of Last Report
06/21/1995

2. Principal Place of Business

21 3054 N. Bay Rd

2a. Mailing Address

26 3054 N. Bay Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1

27

City & State

23 Miami Beach FL

City & State

28 Miami Beach FL

24 33140

25 Dade

29 33140

30 Dade

4. FEI Number

59-1237239

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

ALEXANDER C MOSKOVITS
9999 NE 2ND AVE #316
MIAMI SHRS FL 33138

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3054 N. Bay Rd

83

84 City

Miami Beach

FL

85 Zip Code

33140

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 reinstating)

DATE

Alexander C. Moskovits

04/19/96

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MOSKOVITS, ALEXANDER C
STREET ADDRESS 9999 NE 2ND AVE #316
CITY-ST-ZIP MIAMI SHRS, FL 00000

TITLE D
NAME MOSKOVITS, CORINNE
STREET ADDRESS 9999 NE 2ND AVE 316
CITY-ST-ZIP MIAMI SHORES FL

TITLE ST
NAME POLLOCK, NANCY J
STREET ADDRESS 9999 NE 2ND AVE #316
CITY-ST-ZIP MIAMI SHRS, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3054 N. Bay Rd
1.4 CITY-ST-ZIP Miami Beach, FL 33140

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3054 N. Bay Rd
2.4 CITY-ST-ZIP Miami Beach, FL 33140

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 3054 N. Bay Rd.
3.4 CITY-ST-ZIP Miami Beach, FL 33140

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

Alexander C. Moskovits 04/19/96 305-532-4747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)