

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 485550 (8)

1. Corporation Name

JAMES V. PFEIFFER, P. A.

Principal Place of Business

12177 SO. DIXIE HIGHWAY
MIAMI FL 33156
US

Mailing Address

12177 SO DIXIE HWY
MIAMI FL 33156
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

PFEIFFER, JAMES V.
15340 S W 83 AVE.
MIAMI FL 33157

3. Date Incorporated or Qualified

08/29/1975

3a. Date of Last Report

02/14/1995

4. FEI Number

59-1616421

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

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 607.1503, 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 of person or persons authorized to register agent and to file report (24)

(24) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

12.1	NAME	PD PFEIFFER, JAMES V. 15340 S W 83 AVE. MIAMI FL	<input type="checkbox"/> DELETE
12.2	STREET ADDRESS	ST	<input type="checkbox"/> DELETE
12.3	CITY - ST - ZIP	PFEIFFER, VIRGINIA 15340 SW 83 AVE MIAMI FL	<input type="checkbox"/> DELETE
12.4	NAME		<input type="checkbox"/> DELETE
12.5	STREET ADDRESS		<input type="checkbox"/> DELETE
12.6	CITY - ST - ZIP		<input type="checkbox"/> DELETE
12.7	NAME		<input type="checkbox"/> DELETE
12.8	STREET ADDRESS		<input type="checkbox"/> DELETE
12.9	CITY - ST - ZIP		<input type="checkbox"/> DELETE
12.10	NAME		<input type="checkbox"/> DELETE
12.11	STREET ADDRESS		<input type="checkbox"/> DELETE
12.12	CITY - ST - ZIP		<input type="checkbox"/> DELETE
12.13	NAME		<input type="checkbox"/> DELETE
12.14	STREET ADDRESS		<input type="checkbox"/> DELETE
12.15	CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	1.2 NAME	
13.3	1.3 STREET ADDRESS	
13.4	1.4 CITY - ST - ZIP	
13.5	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	2.2 NAME	
13.7	2.3 STREET ADDRESS	
13.8	2.4 CITY - ST - ZIP	
13.9	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	3.2 NAME	
13.11	3.3 STREET ADDRESS	
13.12	3.4 CITY - ST - ZIP	
13.13	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	4.2 NAME	
13.15	4.3 STREET ADDRESS	
13.16	4.4 CITY - ST - ZIP	
13.17	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	5.2 NAME	
13.19	5.3 STREET ADDRESS	
13.20	5.4 CITY - ST - ZIP	
13.21	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.22	6.2 NAME	
13.23	6.3 STREET ADDRESS	
13.24	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:

James V Pfeiffer CPA Pres.
James V Pfeiffer CPA President

1/3/96

Date

(300) 237-0592

Daytime Phone #

CR2E034 (12/95)