

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 507287

(1)

1. Corporation Name

ARNOLD T. BLOSTEIN, P. A.

Principal Place of Business

633 S ANDREWS AVE. 3RD FLOOR  
FT. LAUDERDALE FL 33301

Mailing Address

633 S ANDREWS AVE. 3RD FLOOR  
FT. LAUDERDALE FL 33301



2. Principal Place of Business

21 Street Address

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Street Address

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BLOSTEIN, ARNOLD T  
633 S ANDREWS AVE. 3RD FLOOR  
FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified

07/16/1976

3a. Date of Last Report

02/01/1995

4. FEI Number

59-1682393

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 607.0507 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, except the appointment as registered agent, I am further acknowledging the obligations of, Section 607.1505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME ☐ DELETE

PD  
BLOSTEIN, ARNOLD T.  
633 S. ANDREWS AVE 3 FL  
FT LAUDERDALE FL

NAME ☐ DELETE

NAME ☐ DELETE

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NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied was truthfully and voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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. 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 from an officer, director or trustee.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

154-525-1700

CR2E034 (12/95)