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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 522275

(7)

1. Corporation Name
RON NITZBERG ASSOCIATES, INC.

Principal Place of Business
9740 W. BROADVIEW DRIVE
BAY HARBOR ISLAND FL 33154

Mailing Address
9740 W. BROADVIEW DRIVE
BAY HARBOR ISLAND FL 33154-1930



3. Date Incorporated or Qualified
12/09/1976

3a. Date of Last Report
04/10/1996

2. Principal Place of Business
21 9350 W. BAY HARBOR DR.

2a. Mailing Address
26 9350 W. BAY HARBOR DR.

4. FEI Number
59-1708304

Applied For
Not Applicable

Suite, Apt. #, etc.
22 5B

Suite, Apt. #, etc.
27 5B

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State
23 BAY HARBOR ISLAND, FL

City & State
28 BAY HARBOR ISLAND, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country
24 33154 USA

Zip Country
29 33154 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NITZBERG, RONALD
9740 W. BROADVIEW DRIVE
BAY HARBOR IS. FL 33154

81 Name

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

9350 W. BAY HARBOR DR.

83

5B

84

CITY BAY HARBOR ISLAND

FL

85

Zip Code 33154

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

Ronald D. Nitzberg, RONALD D. NITZBERG, PRESIDENT

2/5/97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDS
NAME NITZBERG, RONALD D
STREET ADDRESS 9740 W. BROADVIEW DRIVE
CITY-ST-ZIP BAY HARBOR IS. FL ☐ DELETE

1.1 TITLE PDS
1.2 NAME NITZBERG, RONALD ☒ Change ☐ Addition
1.3 STREET ADDRESS 9350 W BAY HARBOR DR. #5B
1.4 CITY-ST-ZIP BAY HARBOR ISL. FL. 33154

TITLE ST
NAME NITZBERG, ANDREA
STREET ADDRESS 9740 W. BROADVIEW DR.
CITY-ST-ZIP BAY HARBOR IS. FL ☐ DELETE

2.1 TITLE ST
2.2 NAME ANDREA NITZBERG ☒ Change ☐ Addition
2.3 STREET ADDRESS 9350 W BAY HARBOR DR. #5B
2.4 CITY-ST-ZIP BAY HARBOR ISL. FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ronald D. Nitzberg, RONALD D. NITZBERG, PDS 2/5/97

305-866-1317

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/96)