

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 # 529075 (4)

1. Corporation Name

HERBERT H. STERNLIEB, P.A.



Principal Place of Business

3000 S. COURSE DRIVE
#502
POMPANO BEACH FL 33069

Mailing Address

3000 S. COURSE DRIVE
#502
POMPANO BEACH FL 33069

2. Principal Place of Business

21 13221 Saint Tropez Circle

Suite, Apt. #, etc.

22

City & State

23 Palm Beach Gardens, FL

24

Zip

33410

Country

25

2a. Mailing Address

26 13221 Saint Tropez Circle

Suite, Apt. #, etc.

27

City & State

28 Palm Beach Gardens, FL

29

Zip

33410

Country

30

9. Name and Address of Current Registered Agent

HERBERT H. STERNLIEB
3000 S. COURSE DRIVE-502
POMPANO BEACH FL 33069

81 Name

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

13221 Saint Tropez Circle

83

84 City

Palm Beach Gardens

FL

85 Zip Code

33410

3. Date Incorporated or Qualified

03/17/1977

3a. Date of Last Report

01/19/1995

4. FEI Number

59-1726227

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

XX Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

12.1 NAME
STERNLIEB, HERBERT H.
12.2 STREET ADDRESS
3000 S. COURSE DRIVE #502
12.3 CITY-STATE-ZIP
POMPANO BEACH FL

☐ DELETE

12.4 NAME
12.5 STREET ADDRESS
12.6 CITY-STATE-ZIP

☐ DELETE

12.7 NAME
12.8 STREET ADDRESS
12.9 CITY-STATE-ZIP

☐ DELETE

12.10 NAME
12.11 STREET ADDRESS
12.12 CITY-STATE-ZIP

☐ DELETE

12.13 NAME
12.14 STREET ADDRESS
12.15 CITY-STATE-ZIP

☐ DELETE

12.16 NAME
12.17 STREET ADDRESS
12.18 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

XX Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-STATE-ZIP

13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY-STATE-ZIP

13221 Saint Tropez Circle
Palm Beach Gardens, FL 33410

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 its 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 appointment with an address.

SIGNATURE:

Herbert H. Sternlieb

3/4/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR