

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 541078

(2)

1. Corporation Name

ARNOLD HANTMAN, P.A.

Principal Place of Business

11190 BISCAYNE BLVD
11880 BIRD RD., SUITE 101
MIAMI FL 33181
US

Mailing Address

11190 BISCAYNE BLVD
MIAMI FL 33181
US

APPROVED
AND
FILED

55 MAY -1 AM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified
07/06/1977

3a. Date of Last Report
05/01/1994

4. FEI Number
59-1750817

Applies For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Has been Corporation Financing
Trust Fund Contributions ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 197.02
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. State Apt. # etc.

26. State Apt. # etc.

22. City & State

27. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANTMAN, ARNOLD
11190 BISCAYNE BLVD
MIAMI, FL 33181

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 197.02 and 197.03, 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. This 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 such as set forth in Florida Statutes.

SIGNATURE

Signature of person who is changing the registered office or agent

Signature of Registered Agent or person who is changing the registered office

Date

12.

ADDITIONAL REGISTERED OFFICES

13.

ADDITIONAL REGISTERED OFFICES

NAME

AS
MUDD, JOHN
11880 BIRD ROAD
MIAMI FL

1. NAME

2. STREET ADDRESS
3. CITY, ST, ZIP

8701 S.W. 137 Avenue, Suite 300
Miami, FL 33183

☒ Change ☐ Addition

STREET ADDRESS

CITY, ST, ZIP

2. NAME

3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

NAME

S
HANTMAN, PERLA
16181 W. TROON CIR.
MIAMI LKS FL

2. NAME

3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

STREET ADDRESS

CITY, ST, ZIP

2. NAME

3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

NAME

PD
HANTMAN, ARNOLD
11190 BISCAYNE BLVD
MIAMI FL

2. NAME

3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

STREET ADDRESS

CITY, ST, ZIP

2. NAME

3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

NAME

2. NAME

3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

NAME

2. NAME

3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

STREET ADDRESS

CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 197.02 and 197.03, 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. That I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing as an officer or director with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arnold Hantman, President & Director

April 25, 1995

305/895-0304