

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

PROFIT CORPORATION ANNUAL REPORT



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

1996 4-19-96

B- 4001

C

DOCUMENT # 577256 (1)

1. Corporation Name

SOROTA & ZSCHAU, P.A.



Principal Place of Business

28100 U.S. HIGHWAY 19 NORTH  
STE. 504  
CLEARWATER FL 34621  
US

Mailing Address

28100 U.S. HIGHWAY 19 NORTH  
STE. 504  
CLEARWATER FL 34621  
US

2. Principal Place of Business

2a. Mailing Address

|    |    |
|----|----|
| 21 | 26 |
| 22 | 27 |
| 23 | 28 |
| 24 | 29 |
| 25 | 30 |

3. Date Incorporated or Organized

06/28/1978

3a. Date of Last Report

04/24/1995

4. FLE Number

59-1829104

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

9. Name and Address of Current Registered Agent

SOROTA, JR. J  
28100 U.S. HIGHWAY 19 NORTH  
STE. 504  
CLEARWATER FL 34621

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 85 | Zip Code   |

FL

11. Pursuant to the provisions of Sections 607.0509 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

Signature for principal place of business (agent, officer or director)

Signature for new registered agent (agent, officer or director)

DATE

12. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | PD                    | <input type="checkbox"/> DELETE |
| NAME           | ZSCHAU, JULIUS J.     |                                 |
| STREET ADDRESS | 1910 SADDLE HILL RD N |                                 |
| CITY-ST-ZIP    | DUNEDIN FL            |                                 |
| TITLE          | STD                   | <input type="checkbox"/> DELETE |
| NAME           | SOROTA, JOSEPH J. JR. |                                 |
| STREET ADDRESS | 2201 PADDOCK CIRCLE   |                                 |
| CITY-ST-ZIP    | DUNEDIN FL            |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |   |
| 3. STREET ADDRESS  |   |
| 4. CITY-ST-ZIP     |   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |   |
| 7. STREET ADDRESS  |   |
| 8. CITY-ST-ZIP     |   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |   |
| 11. STREET ADDRESS |   |
| 12. CITY-ST-ZIP    |   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |   |
| 15. STREET ADDRESS |   |
| 16. CITY-ST-ZIP    |   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |   |
| 19. STREET ADDRESS |   |
| 20. 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 principal or registered agent, and that I understand the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or in an addendum with an address.

SIGNATURE: *Joseph J. Sorota Jr.* Joseph J. Sorota Jr. 2/16/96 813-796-2525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)