

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

PROFIT
CORPORATION
ANNUAL REPORT

1996

DOCUMENT # 600380

(0)

1. Corporation Name

DRS. FELTMAN, WORTON AND KEUSCH, P.A.



FLORIDA DEPARTMENT OF STATE

Sandra B. Merrill

Secretary of State

DIVISION OF CORPORATIONS



Principal Place of Business

1400 NW 12 AVE
MIAMI FL 33136

Mailing Address

1400 NW 12 AVE
MIAMI FL 33136

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

9. Name and Address of Current Registered Agent

PLOUCHA, LAWRENCE M
1946 TYLER STREET
HOLLYWOOD FL 33022-2088

3. Date Incorporated or Qualified
06/12/1968

3a. Date of Last Report
02/22/1995

4. FCI Number
59-1213248

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. 199.03?
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 607.06(2) and 607.1501, 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 607.06(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer/Director)

(Signature of Registered Agent or Officer/Director)

(Signature)

12. OFFICERS AND DIRECTORS

12.1. NAME
12.2. STREET ADDRESS
12.3. CITY, STATE, ZIP
12.4. TITLE
12.5. NAME
12.6. STREET ADDRESS
12.7. CITY, STATE, ZIP
12.8. TITLE
12.9. NAME
12.10. STREET ADDRESS
12.11. CITY, STATE, ZIP
12.12. TITLE
12.13. NAME
12.14. STREET ADDRESS
12.15. CITY, STATE, ZIP
12.16. TITLE
12.17. NAME
12.18. STREET ADDRESS
12.19. CITY, STATE, ZIP
12.20. TITLE

PD
FELTMAN, ROBERT
1400 N.W. 12 AVENUE
MIAMI FL
SDT
WORTON, STANLEY
1400 N.W. 12 AVENUE
MIAMI FL
VD
KEUSCH, KENNETH
1400 N.W. 12 AVENUE
MIAMI FL

☒ DELETE

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☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 indicates a true and correct 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 this corporation or of the record 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 I am a registered agent, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley Worton

2/15/96 305-325-5910

CR2E034 (12/95)