

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # 600681 (1)

1. Corporation Name

ABRAMSON AND BUTTER, CHARTERED

55 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1150 NE 125TH ST.
N. MIAMI FL 33161-2019**

Mailing Address

**1150 NE 125TH ST
N. MIAMI FL 33161-2019**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification
12/19/1968

3a. Date of Last Report
08/02/1994

4. FET Number
59-1227461

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**

6. This corporation has liability for employee tax under S. 199.017,
Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business

21
Subs. Apt. # etc.

2a. Mailing Address

26
Subs. Apt. # etc.

22
City & State

27
City & State

23
City & State

28
City & State

24
City & State

29
City & State

30
City & State

9. Name and Address of Current Registered Agent

**ABRAMSON, HARVEY S
1150 NE 125 ST
N MIAMI FL 33161**

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 607.0502 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

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

(Date)

12. OFFICERS AND DIRECTORS

12.1
NAME
STREET ADDRESS
CITY, STATE, ZIP

12.2
NAME
STREET ADDRESS
CITY, STATE, ZIP

12.3
NAME
STREET ADDRESS
CITY, STATE, ZIP

12.4
NAME
STREET ADDRESS
CITY, STATE, ZIP

12.5
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STREET ADDRESS
CITY, STATE, ZIP

12.6
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CITY, STATE, ZIP

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CITY, STATE, ZIP

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STREET ADDRESS
CITY, STATE, ZIP

12.9
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STREET ADDRESS
CITY, STATE, ZIP

12.10
NAME
STREET ADDRESS
CITY, STATE, ZIP

**P
ABRAMSON, HARVEY
1150 NE 125 ST
MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1
NAME
STREET ADDRESS
CITY, STATE, ZIP

13.2
NAME
STREET ADDRESS
CITY, STATE, ZIP

13.3
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STREET ADDRESS
CITY, STATE, ZIP

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NAME
STREET ADDRESS
CITY, STATE, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this Report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, (b)(3), 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 of a changed or new attachment with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARVEY S ABRAMSON

5/12/95

305-892-1150