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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

603898

(8)

| | D.S., P.A. | | | | | |
|--|---|--|---|--|---|--|
| nncipal Place of Business | Mailing Address | | | i iddild dilit dalas ilidi (bild) | (8181 1811 SIGN SISN SISN SISN SISN S | 1911 FIBIS 1981 |
| 7500 NW 5TH STREET 7500 NW 5TH STREET PLANTATION FL 33317 PLANTATION FL 33317 | | | | | | |
| | | | | 3. Date Incorporated or Qualified 11/01/1972 | d 3a. Date of Last Rep 01/24/199 | |
| . Principal Place of Business I | 2a. Mailing Address 26 | | | 4. FEI Number 59-1420383 | ├ ─ ├ | oplied For ot Applicable |
| Suite, Apt. #, etc | Suite, Apt #, etc | | | 5. Certificate of Status Desired | \$8.75 | Additional equired |
| City & State | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
|] | 28 | | | Trust Fund Contribution | ☐ Added | to Fees |
| Zip Cou | intry Zip 29 | Countr | ý | | /es □No | 199.032, |
| g. Name and Ad | dress of Current Registered Agent | | | 10. Name and Address of Nev | v Registered Agent | |
| | | 81 | | | | |
| KALTMAN,JAY 9700 WEATHERVAN | | 82 Street Add | | ess (P.O. Box Number is Not Accep | itable) | |
| PLANTATION FL 33324 | | 83 | | | | |
| | | 84 | City | , | FL 85 Zip | Code |
| SIGNATURE | Digations of, Section 607.0505, Florida Statute | IOTE: Registered Ap | Set Summit the resource | who girethan | DATE | |
| | OFFICERS AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO C | DEFICERS AND DIRECTOR | |
| 2. I.f. p | DELETE | | | | | |
| 2. Ite p Kaltman,jay | DELETE | 13. 1 1 TITLE 1.2 NAME | | | DEFICERS AND DIRECTOR | |
| 2. DEF P KALTMAN, JAY HOST ADDRESS 9700 WEATHE | , ERVANE MANOR | 13. 1 1 TITLE 1.2 NAME 1 3 STREE | T AODRESS | | DEFICERS AND DIRECTOR | |
| 2. DEF P KALTMAN, JAY HERT ADDRESS 9700 WEATHE PLANTATION I | , ERVANE MANOR | 13. 1 1 TITLE 1.2 NAME | T AODRESS | | DEFICERS AND DIRECTOR | ☐ Addition |
| 2. 16 P MH KALTMAN,JAY 9700 WEATHE PLANTATION I | , ERVANE MANOR FL | 13. 1 1 TITLE 1.2 NAME 1 3 STREI 1 4 CITY- | I AODRESS | | OFFICERS AND DIRECTOR Change | Addition |
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SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR TAY C. KALTAPA 2/1/16 305 583 5752

CR2E034 (12/95)