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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(7)

DOCUMENT #

1. Corporation Name

| | & ZACHMAN, P.A. | | | | | | | | |
|---|--|--------------------|---|-----------------------|---|---|------------------------------------|-------------------------------|------------------------------|
| Principal Place of | of Business | M | lailing Address | | | | | | |
| 621 S. FEDERA | al Highway | | 621 S. FEDERAL HIGH | WAY | | | | | |
| P O BOX 9 | I E EL 92902 | | P O BOX 9 FT LAUDERDALE FL 3 | 3302 | | | | | |
| FT LAUDERDALE FL 33302 FT LAUDERDALE FL 33302 | | | | | | Date Incorporated or Qualified 12/31/1973 | 3a. Date of Last Report 04/05/1995 | | |
| 2. Principal Plac | pe of Business | 28 | . Mailing Address | | | 4. FEI Number | .1 | | Applied For |
| 1 | • | 26 | | | | 59-1515068 | | 1 | Not Applicable |
| Suite, Apt. #, | , etc | 27 | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | · | Additional Required |
| City & State | | | City & State | | | 6. Election Campaign Financing | | \$5.0 | 0 Мау Ве |
| 3 | | 26 | | | | Trust Fund Contribution | | | d to Fees |
| Zip | Country | | Zip L | Cou | ntry | 8. This corporation has liability for the Florida Statutes Yes | ntangibie : No | tax under s | 199.032, |
| 4 | 25 9. Name and Address of Curren | 29 | otored Agent | 30 | | Florida Statutes Yes 10. Name and Address of New R | | Agent | |
| | 9. Name and Abdress of Culter | i negi | stored Agent | | 81 Name | 10. 1141110 2110 1140/000 01 1141 | | | |
| ZACHNIA | N (ALICIA) | | | | | (D.O. Clay Number in Not Acceptab | la\ | | |
| ZACHMAN (ALICIA) 621 S. FED. HIGHWAY | | | 82 | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | | | |
| PO BOX | | | | | 83 | | | | |
| FT LAUD | ERDALE FL 33302 | | | | 84 City | | | 85 Zı | p Code |
| | | | | | | ration submits this statement for the pur | F | | poistered offic |
| or registere familiar with SIGNATURE | ed agent, or both, in the State of Floric n, and accept the obligations of, Secti | da. Şuk lon 601 | ch change was authoriz 7.0505, Florida Statutes | zed by the o s. | corporation's boa | rd of directors. I herefy accept the app | ointment a | is registered | agent. I am |
| 12. | Signature, typed or pladed name of registrac Legical OFFICERS ANI | | | 31. Registeres 13. | Agent Signal in respire | ADDITIONS/CHANGES TO OFF | | ID DIRECTO | RS IN 12 |
| IIILE | ST | 2 211 12 | DELFTE | 1 1 7 | ITLE | | | Change | Addition |
| NAME | ŽACHMAN, ALICIA | | - | 12 % | AME | | | | |
| STREET ADDRESS | 1729 S.E. 7 STREET | | | 135 | IREEL ADORESS | | | | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33316 | | | 14C | TY-ST-ZIP | | | | |
| TITLE | PD | | ☐ DELETE | 2 1 J | ITLE | | | ☐ Change | Addition |
| NAME | MILLER, WILLIAM G., JR. | | | 22 N | AME | | | | |
| STREET ADDRESS | 621 S FEDERAL HWY | | | 23\$ | TREET ADDRESS | | | | |
| CITY - ST - ZIP | FT LAUDERDALE FL 33301 | | F1 65:515 | | TY - S1 - 7IP | | | Change | Addition |
| TITLE | D | | ☐ DELETE | 3 1 1 | | | | Change | L] Addition |
| NAMË | ZACHMAN,ALICIA 1729 S.E. 7 STREET | | | 32 N | AME STREET ADDRESS | | | | |
| STREET ADDRESS | FT. LAUDERDALE FL 33316 | | | | ITY - ST - ZIP | | | | |
| CITY-ST-7/P Title | TT. ENDERDALE TE GOOTG | | DELETE | 4 1 7 | | | | ☐ Change | Addition |
| NAME | | | - | 42 N | AME | | | | |
| STREET ADDRESS | | | | 435 | TREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | 440 | ITY - ST - ZIP | | | | |
| TITLE | The boundary of the state of th | | ☐ DELÉTÉ | 5.1 | TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | | 52 N | AMÉ | | | | |
| STREET ADDRESS | | | | 1 | TREET ADDRESS | | | | |
| CITY-ST-ZIP | | | □ SELETE | | ITY-ST-ZIP | | | Change | ☐ Addition |
| TITLE | | | ☐ DELETE | 6.1 | 1 | | | ☐ ounde | |
| NAME | | | | 62 N | AREE! ADDRESS | | | | |
| STREET ADDRESS | | | | _ | SITY-ST-ZIP | | | | |
| 14. 1 do hereb | certify that the information supplied | with th | nis filing is voluntarily for | mished and | does not guality | for the exemption stated in Section 119 | 07(3)(k). | Iorida Statu | ites. I further |
| certify that oath; that | the information indicated on the tion. Lam an officer or director of the core | ual rep oration | or or supplemental an or the receiver or trust attachment with an ad- | inval schort. | is true and accur gred to execute tr | rate and that my signature shall have the his report as required by Chapter 607, F | same leg Iorida Stal | al effect as lutes; and th | if made under nat my name |
| SIGNAT | Mari | R PRINT | ED NAME OF SIGNING OFFI | CER OR DIREC | CTOR A | licia Eachulan | May | G H Daytme Prione | 63376 |