**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

FILED
Jul 16 1996 8:00 am
Secretary of State

DOCUMENT # **604995** **(1)**

1. Corporation Name
**SACHS, MORRIS & SKLAVER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| **7353 N.W. 4 STREET**<br>**PLANTATION FL 33317** | **7353 N.W. 4 STREET**<br>**PLANTATION FL 33317** |

3. Date Incorporated or Qualified: **01/31/1974**
3a. Date of Last Report: **03/06/1995**

2. Principal Place of Business
21 **1200 S. Pine Island Road**
Suite, Apt. #, etc
22 **Suite 600**
City & State
23 **Ft. Lauderdale, Florida**
Zip 24 **33324** Country 25 **USA**

2a. Mailing Address
26 **1200 S. Pine Island Road**
Suite, Apt. #, etc
27 **Suite 600**
City & State
28 **Ft. Lauderdale, Florida**
Zip 29 **33324** Country 30 **USA**

4. FEI Number: **59-1502570** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: **XXX** **$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: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

**SACHS, JOSEPH M. M.D.**
**1060 CREEKFORD DR**
**FT. LAUDERDALE FL 33326**

10. Name and Address of New Registered Agent

81 Name: **CT Corporation**
82 Street Address (P.O. Box Number is Not Acceptable): **1200 S. Pine Island Road**
83 **Suite 250**
84 City: **Plantation** **FL** 85 Zip Code: **33324**

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | [X] DELETE | 1.1 TITLE | PD | ☐ Change [X] Addition |
| NAME | SKLAVER, ALLEN R | | 1.2 NAME | Clifford Findeiss | |
| STREET ADDRESS | 5460 S W 18TH ST | | 1.3 STREET ADDRESS | 1200 S. Pine Island Rd., #600 | |
| CITY-ST-ZIP | PLANTATION, FL 0 | | 1.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33324 | |
| TITLE | ST | [X] DELETE | 2.1 TITLE | VD | ☐ Change [X] Addition |
| NAME | SACHS, JOSEPH M | | 2.2 NAME | George W. McCleary, Jr. | |
| STREET ADDRESS | 1060 CREEKFORD DRIVE | | 2.3 STREET ADDRESS | 1200 S. Pine Island Rd., #600 | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | 2.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33324 | |
| TITLE | VD | [X] DELETE | 3.1 TITLE | VT | ☐ Change [X] Addition |
| NAME | MORRIS, JAMES B | | 3.2 NAME | Mary Ann Blanford | |
| STREET ADDRESS | 581 NW 72ND TERR | | 3.3 STREET ADDRESS | 1200 S. Pine Island Rd., #600 | |
| CITY-ST-ZIP | PLANTATION, FL 00000 | | 3.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33324 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | V | ☐ Change [X] Addition |
| NAME | | | 4.2 NAME | Marta Prado | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 1200 S. Pine Island Rd., #600 | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33324 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | V | ☐ Change [X] Addition |
| NAME | | | 5.2 NAME | Martin Arostegui | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 1200 S. Pine Island Rd., #600 | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33324 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | S | ☐ Change [X] Addition |
| NAME | | | 6.2 NAME | David C. Peck | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 1200 S. Pine Island Rd., #600 | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33324 | |

CR2E034 (3/96)

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Mary Ann Blanford 7/12/96 (954)475-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
**Mary Ann Blanford, Vice President/Treasurer**

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