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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 611987

1. Corporation Name

(9)

MARGENAU & ASSOCIATES, P.A.

Suite, Apr.: #, etc.  5. Certificate of Status Desired  Fee  City & State	Applied For Not Applicate 5 Additional Required 00 May Be ed to Fees
MIAMI FL 33143  MiAMI FL 33143  3. Date Incorporated or Qualified Q3/07/1979 O3//21/1979 O3//21/1979  2. Principal Place of Business 26  Suite, Apr. #, etc. 559-1885822  Suite, Apr. #, etc. 5. Certificate of Status Desired Fee City & State 6. Election Campaign Financing Trust Fund Contribution Add Status Position Add Status Position Add Status Position Provided Status Position Provided Status Position Provided Status Position Add Status Position Provided Status	Applied For Not Applicate 5 Additional Required 00 May Be ed to Fees
3. Date Incorporated or Qualified O3/07/1979  2. Principal Place of Business 2a. Mailing Address 25 26 3. Date Incorporated or Qualified O3/21/19  4. FEI Number 59-1885822  59-1885822  5. Certificate of Status Desired Fee City & State City & State City & State City & State Country Zip No  10. Name and Address of New Registered Agent  81 Name	Applied For Not Applicate 5 Additional Required 00 May Be ed to Fees
2a. Mailing Address  59-1885822  Suite, Apr. #, etc.  City & State  City & State  Country  Co	Applied For Not Applicab 5 Additional Required 00 May Be ed to Fees
59-1885822  Suite, Apr. #, etc.  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Suite, Apr. #, etc.  Country  Zip  No  No  No  No  No  No  No  No  No  N	Not Applicable  5 Additional Required  00 May Bead to Fees
Suite, Apr. #, etc.  Suite, Apr. #, etc.  Suite, Apr. #, etc.  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Suite, Apr. #, etc.  City & State  Suite, Apr. #, etc.  City & State  City & State  Suite, Apr. #, etc.  Suite, Apr. #, etc.  5. Certificate of Status Desired  Fee  Trust Fund Contribution  Add Add Add Add Add Add Add Add Add Ad	5 Additional Required 00 May Be ed to Fees
Suite, Apr. #, etc.  27  City & State  City & State  28  Zip  Country  Tiorida Statutes  Xi Yes  No  10. Name and Address of New Registered Agent  Name	Required OMAY Be ed to Fees
City & State  Country  Florida Statutes  Country  Florida Statutes  Country  Florida Statutes  Name and Address of New Registered Agent  Name  Name  Name	00 May Be ed to Fees
Zip Country Zip Country B. This corporation has liability for intangible tax under Florida Statutes Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ed to Fees
Zip Country Zip Country B. This corporation has allowly to what give to discorporation as allowly to what give to discorporation has allowly to discorporation has allowed his discorporation has allowed hi	s 199.032,
25 29 30 Florida Statutes S Yes No  9. Name and Address of Current Registered Agent  81 Name  Name	
g. Name and Address of Current Registered Agent 10. Name and Address of New Negrotation Agent  81 Name	
MARGENAU, CARL A.  82 Street Address (P.O. Box Number is Not Acceptable)	
8100 S.W. 81ST DRIVE, SUITE #280	
MIAMI FL 33143	Zip Code
FL 85	Tip 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 it	registered of
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed corporation submits this statement of the purpose of statutes, the above-hamed corporation submits this statement of the purpose of statutes.</li> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed corporation submits this statement of the purpose of statutes.</li> </ol>	au agent. i an
SIGNATURE Signature, typed or printed name of registerod agent and title if applicable. NOTE Registered Agent signature required when reinstating)  DATE  OFFICE DO AND DIDDECT.	TODO IN 12
12. OFFICERS AND DIRECTORS 13. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAMED F BIGNING OFFICER OR DIRECTOR

/17/96 305-596-5788

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