

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **644149** (7)

1. Corporation Name

JEROME NAGELBUSH ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**4300 N. UNIVERSITY DRIVE
BLDG. D. STE. 100
LAUDERHILL FL 33351
US**

**4300 N. UNIVERSITY DRIVE
BLDG. D. STE. 100
LAUDERHILL FL 33351
US**

3. Date Incorporated or Qualified

11/06/1979

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 5385 NOB HILL ROAD

26 5385 NOB HILL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 SUNRISE, FLORIDA

City & State

28 SUNRISE, FLORIDA

Zip

24 33351

Country

25 US

Zip

29 33351

Country

30 US

4. FEI Number

59-2378314

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NAGELBUSH, JEROME
4300 N. UNIVERSITY DRIVE
BLDG. D. STE. 100
LAUDERHILL FL 33351**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5385 NOB HILL ROAD

83

84 City

SUNRISE

FL

85 Zip Code

33351

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 typed or printed name of registered agent and time if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **NAGELBUSH, JEROME**
STREET ADDRESS **4300 N. UNIVERSITY DRIVE, BLDG. D-100**
CITY-ST-ZIP **LAUDERHILL FL**

TITLE **V** ☐ DELETE

NAME **NAGELBUSH, LARRY**
STREET ADDRESS **4300 N. UNIVERSITY DRIVE, BLDG. D-100**
CITY-ST-ZIP **LAUDERHILL FL**

TITLE ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jerome Nagelbush
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEROME NAGELBUSH

Date

4/24/96

Daytime Phone #

(954) 748-7893

CR2E034 (12/95)