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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 650647 (1)

1. Corporation Name
RICKIE KNOBEL, ACCOUNTANT, P.A.

Principal Place of Business

11900 BISCAYNE BLVD
SUITE 780
NORTH MIAMI FL 33181
US

Mailing Address

PO BOX 610395
NORTH MIAMI FL 33261-0395
US



3. Date Incorporated or Qualified

01/09/1980

3a. Date of Last Report

04/16/1996

2. Principal Place of Business

21 11900 Biscayne Blvd.

Suite, Apt. #, etc.

22 Suite 808

City & State

23 North Miami, FL

Zip

Country

24 33181

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 30

4. FEI Number

59-1955018

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

KNOBEL, RICKIE
11900 BISCAYNE BLVD
SUITE 780
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

Knobel, Rickie

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

11900 Biscayne Blvd.

83

Suite 808

84 City

North Miami

FL

85 Zip Code

33181

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDS
NAME KNOBEL, RICKIE
STREET ADDRESS 11900 BISCAYNE BLVD., STE. 780
CITY-ST-ZIP NORTH MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDS
1.2 NAME Knobel, Rickie
1.3 STREET ADDRESS 11900 Biscayne Blvd., Ste 808
1.4 CITY-ST-ZIP North Miami, FL 33181

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICKIE KNOBEL

5/10/97

Daytime Phone #

0256867

CR2E034 (9/96)