

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 # F01889

(7)

1. Corporation Name

LAWRENCE BUNIN, P.A.

Principal Place of Business

140 SOUTH UNIVERSITY DR
SUITE C
PLANTATION FL 33324
US

Mailing Address

140 SOUTH UNIVERSITY DR.
SUITE C
PLANTATION FL 33324
US



3. Date Incorporated or Qualified

10/15/1980

3a. Date of Last Report

04/18/1995

4. FEI Number

59-2031124

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUNIN, LAWRENCE
140 SOUTH UNIVERSITY DRIVE
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip 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 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 making change)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BUNIN, LAWRENCE
STREET ADDRESS 7301 N.W. 4TH ST. 107A
CITY-ST-ZIP PLANTATION FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE DP Change ☒ Addition ☐

2. NAME Lawrence Bunin

3. STREET ADDRESS 140 S. University Dr, Suite C

4. CITY-ST-ZIP Plantation, FL 33324

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

☐ Change ☐ Addition

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

☐ Change ☐ Addition

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

☐ Change ☐ Addition

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

☐ Change ☐ Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

☐ Change ☐ Addition

25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY-ST-ZIP

☐ Change ☐ Addition

29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY-ST-ZIP

☐ Change ☐ Addition

33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY-ST-ZIP

☐ Change ☐ Addition

37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY-ST-ZIP

☐ Change ☐ Addition

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

☐ Change ☐ Addition

45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY-ST-ZIP

☐ Change ☐ Addition

49. TITLE
50. NAME
51. STREET ADDRESS
52. CITY-ST-ZIP

☐ Change ☐ Addition

53. TITLE
54. NAME
55. STREET ADDRESS
56. CITY-ST-ZIP

☐ Change ☐ Addition

57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY-ST-ZIP

☐ Change ☐ Addition

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

☐ Change ☐ Addition

65. TITLE
66. NAME
67. STREET ADDRESS
68. CITY-ST-ZIP

☐ Change ☐ Addition

69. TITLE
70. NAME
71. STREET ADDRESS
72. CITY-ST-ZIP

☐ Change ☐ Addition

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:

LAWRENCE BUNIN

4/22/96

754-473-1232

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)