

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F32880

1. Corporation Name

SHOFI, HENNER & GRAMOVOT, P.A.

Principal Place of Business

% JOHN D. SHOFI

~~1 N. DALE MABRY, SUITE 800~~  
TAMPA FL 33609

Mailing Address

% JOHN D. SHOFI

P. O. BOX 10430  
TAMPA FL 33679-0430  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

5401 W Kennedy Blvd #560

City & State

Tampa FL

Zip

33609

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

City & State

Zip

29

Zip

30

Country

Country

9. Name and Address of Current Registered Agent

SHOFI, JOHN D  
1 N. DALE MABRY  
STE. 800  
TAMPA FL 33609

3. Date Incorporated or Qualified

04/30/1981

4. FEI Number

59-2116021

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

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 reinstating)

DATE

3/17/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SHOFI, JOHN D

STREET ADDRESS ~~1 N. DALE MABRY, STE. 800~~

CITY-ST-ZIP TAMPA FL 33609

TITLE ☒ DELETE

NAME ST GRAMOVOT, LARRY I

STREET ADDRESS ~~1 N. DALE MABRY, STE. 800~~

CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 5401 W. Kennedy Blvd. #560

1.4 CITY-ST-ZIP Tampa, FL 33609

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS Hennen, William E.

2.4 CITY-ST-ZIP 5401 W. Kennedy Blvd #560

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99 813-289-7500

Date

Daytime Phone #

CR2F034 (1/98)

UNCLASSIFIED

FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90042 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE