

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 # **F54912** (3)

1. Corporation Name

**JOSEPH J. OLDANI II, A PROFESSIONAL ASSOCIATION  
OF LAWYERS**



Principal Place of Business

**1720 HARRISON ST.  
HOME SAVINGS BLD. SUITE 1805  
HOLLYWOOD FL 33020**

Mailing Address

**P.O. BOX 1780  
HOLLYWOOD FL 33022**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**OLDANI II, JOSEPH J.  
1720 HARRISON ST.  
HOME SAVINGS BLD. #1805  
HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified

**12/29/1981**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-2147477**

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

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

**JOSEPH J. Oldani II**

**May 28, 1996**

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTS  
OLDANI II, JOSEPH  
1720 HARRISON ST. #1805  
HOLLYWOOD FL**

☐ DELETE

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
OLDANI II, JOSEPH  
1720 HARRISON ST. #1805  
HOLLYWOOD FL**

☐ DELETE

2. TITLE  
3. NAME  
4. STREET ADDRESS  
5. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

3. TITLE  
4. NAME  
5. STREET ADDRESS  
6. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

6. TITLE  
7. NAME  
8. STREET ADDRESS  
9. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSEPH J. OLDANI II**

**May 28, 1996** (954)  
**925-2727**

CR2E034 (12/95)