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FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90029 009 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F71689

1. Corporation Name  
SOREL & PLATZER, P.A.



Principal Place of Business

Mailing Address

~~300 NW 82ND AVE~~  
~~STE 405~~

~~PLANTATION FL 33324~~

~~300 NW 82ND AVE~~  
~~STE 405~~

~~PLANTATION FL 33324~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 300 SOUTH PINE ISLAND ROAD

2a. Mailing Address

26 300 SOUTH PINE ISLAND ROAD

Suite, Apt. #, etc.

22 SUITE 110

Suite, Apt. #, etc.

27 SUITE 110

City & State

23 PLANTATION, FL

City & State

28 PLANTATION, FL

Zip

24 33324

Country

Zip

29 33324

Country

30

3. Date Incorporated or Qualified

03/02/1982

4. FEI Number

59-2163192

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

9. Name and Address of Current Registered Agent

PLATZER, WILLIAM

~~300 NW 82ND AVE~~

~~STE 405~~

PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

300 SOUTH PINE ISLAND ROAD

83

SUITE 110

84 City

PLANTATION

FL

85 Zip Code

33324

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

WILLIAM N. PLATZER, PRESIDENT

1/6/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD ☐ DELETE

NAME SOREL, JOHN

STREET ADDRESS 300 NW 70TH AVE., STE 200

CITY-ST-ZIP PLANTATION FL 33317

TITLE PD ☐ DELETE

NAME PLATZER, WILLIAM

STREET ADDRESS ~~300 NW 82ND AVE., STE 405~~

CITY-ST-ZIP ~~PLANTATION FL 33324~~

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

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

300 SOUTH PINE ISLAND ROAD, SUITE 110  
PLANTATION, FL 33324

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:

WILLIAM N. PLATZER, PRESIDENT 1/6/99 (954) 370-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)