

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F89470

1. Entity Name
STANLEY E. ISRAEL, P.A.



Principal Place of Business

450 NORTH PARK ROAD,
STE 500
HOLLYWOOD, FL 33021

Mailing Address

450 NORTH PARK ROAD,
STE 500
HOLLYWOOD, FL 33021



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2204515

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ISRAEL, STANLEY E
450 NORTH PARK ROAD,
STE 500
HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000077348
03/05/04-80038-016 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ISRAEL, STANLEY E
STREET ADDRESS 450 NORTH PARK ROAD, - STE 500
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE VPD
NAME ISRAEL, SHEILA E
STREET ADDRESS 450 N PARK ROAD STE 500
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE SD
NAME ISRAEL, MARILYN R
STREET ADDRESS 450 N PARK ROAD STE 500
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY E. ISRAEL

3/1/04

954-9856767