

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortha  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 26 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G10214

(6)

1. Corporation Name

ROVINGER & KRAKOWER, P.A.

Principal Place of Business

Mailing Address

10001 WEST OAKLAND PARK BLVD.  
SUITE 200  
SUNRISE FL 33351

10001 WEST OAKLAND PARK BLVD.  
SUITE 200  
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/26/1982

3a. Date of Last Report

05/19/1994

4. FEI Number

59-2211310

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 Suits, Apt. #, etc.

26 Suits, 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

KRAKOWER, EVAN R.  
10001 WEST OAKLAND PARK BLVD.  
SUNRISE FL 33351

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME ROVINGER, SCOTT  
STREET ADDRESS 10001 W. OAKLAND PARK BV  
CITY - ST - ZIP SUNRISE FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VDS  
NAME KRAKOWER, EVAN R.  
STREET ADDRESS 10001 W. OAKLAND PARK BV  
CITY - ST - ZIP SUNRISE FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 110.07(3)(b), 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, as required, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature) (Printed Name)

4-15-95

305-719-4606