FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

G16150

1. Corporation	MENT # G1615 ENCE H. ROGOVIN, P.A.	50 (6)					
Principal Place		Mailing Address		-,			
N MIANT BE	ACH FL-33160 VES DAIRY ROAD	N MIAMI DEACH FE &	HOO- AIRY RO		3. Date Incorporated or Qualified 12/02/1982	3a. Date of Last 04/25/19	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FLI Number	1 04/23/18	Applied For
21		26			59-2236706		Not Applicable
Suite, Apt.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired		5 Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip Country Zip 4 25 29			Countr	Country 8. This corporation has liability for intangible tax und			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent 81 Name			
17071 V		IVES DAIRY ROAD			ddress (P.O. Box Number is Not Acceptable)		
N-MIAM	H BEACH FL 33160 - SUITE MIAMI		83			pm 85 Z	ıp Code
11. Pursuant to	o the provisions of Sections 607 05.00	acyl 607 1508 Florida Storida	c this also	l acmed ==			-
or register familiar wit	ed agent, or both, in the State of Florid h, and accept the obligations of, Section	la Such change was authorize on 607.0505, Florida Statutes.	d by the con	ioration's board	tion submits this statement for the purp Lof directors. Thereby accept the appo	intriient as registerei	registered office d agent. Lam
	Signature: typed or printed name of regionastication re-		E. Rogo teres, Apr	tif signatizs required	the renstating	(MIE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		DRS IN 12
TITLE	PSD DELETE		1 1 TIFLE			☐ Change	☐ Addition
NAME	ROGOVIN, LAWRENCE H.	4004 = - : -	1.2 NAME				
STREET ADDRESS	17071 W DIXIE HWY STE B 1031 IVES DA		1.3 STHEFT ADDRESS				
CITY - ST - ZIP TITLE				\$1 - 7121	·		-
NAME		DELETE	2 1 TITLE	ĺ		☐ Change	Addition
STREET ADDRESS			2.2 NAME				
CITY - ST - ZIP				LADORESS			
TIFLE		DELETE	2.4 City - 5	ST - ZIP			
NAME		[] Octruit	3 1 111116			☐ Change	☐ Addition
STREET ADDRESS			3.2 NAME	T 4000130			
CITY-ST-ZIP				T ADDRESS			
TITLE		DELETE	3.4 CITY - 5 4. 1 TITLE	51-/1-/		Chart	m 1/45
NAME		beautiful and the second	4.2 NAME			☐ Change	Addition Addition
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 City - S				
TITLE	77.74		5 1 TITLE			Addition	
NAME Ì			5.2 NAME			□ change	LJ Addition
STREET ADDRESS			5 3 STREET	ADORESS			
CITY - ST - ZIP			5 4 CITY - S				
TITLE		☐ DELFTE	6 : TITLE			Change	Addition
NAME		_	6.2 NAME			First custings	L. Haditton
STREET ADDRESS			63 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S	L-ZIE			
4. I do hereby	certify that the information supplied wi	ith this filing is voluntarily furnis	hed and doe	s not qualify for	the exemption stated in Section 119.0	713tik) Florida Statut	as I further

certify that the information indicated on this annual report or supplemental and does not quality 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 cathering an officer or director of the corporation or the receiver or frustee 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 attacyment with an address

SIGNATURE:

SIGNATURE AND TYPED CA FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- LANGERED H. ROGOVIN

325 - 770 - 4114 Odytane Private k