

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G17806 (2)

1. Corporation Name

OPPENHEIMER ASSOCIATES, INC.



Principal Place of Business

Mailing Address

1750 UNIVERSITY DRIVE, SUITE 203
CORAL SPRINGS FL 33071

1750 UNIVERSITY DRIVE, SUITE 203
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified
01/06/1983

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 1750 UNIVERSITY DRIVE

26 1750 UNIVERSITY DR

4. FEI Number

59-2249692

Applied For

Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc

22 214

27 214

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 CORAL SPRINGS, FL

28 CORAL SPRINGS FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

24 33071

25 USA

Zip

Country

29 33071

30 USA

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OPPENHEIMER, PETER
1750 UNIVERSITY DRIVE
SUITE 203
CORAL SPRINGS FL 33071

81 Name PETER OPPENHEIMER

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

1750 UNIVERSITY DRIVE

83 SUITE 214

84 City CORAL SPRINGS

FL

85 Zip Code

33071

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 reinstating)

6-7-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME OPPENHEIMER, PETER
STREET ADDRESS 1750 UNIVERSITY DR 203
CITY-ST-ZIP CORAL SPRINGS FL

TITLE T
NAME OPPENHEIMER, PETER
STREET ADDRESS 1750 UNIVERSITY DR 203
CITY-ST-ZIP CORAL SPRINGS FL

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS 1750 UNIVERSITY DRIVE SUITE 214
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS 1750 UNIVERSITY DRIVE SUITE 214
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PETER OPPENHEIMER

6-7-96

954-345-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

CR2E034 (3/96)