

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 10:03

DOCUMENT # **G96514** (6)

1. Corporation Name

CARY R. SHOOKOFF, PH.D AND ASSOCIATES, P.A.

Principal Place of Business

**10751 SW 104TH STREET
MIAMI FL 33178**

Mailing Address

**10751 SW 104TH STREET
MIAMI FL 33178**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/17/1984

3a. Date of Last Report

06/16/1994

4. FEI Number

59-2398787

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

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**SHOOKOFF, CARY R.
10751 SW 104TH STREET
MIAMI FL 33178**

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME SHOOKOFF, CARY R.
STREET ADDRESS 10751 SW 104TH STREET
CITY- ST- ZIP MIAMI FL**

**TITLE
NAME
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CITY- ST- ZIP**

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NAME
STREET ADDRESS
CITY- ST- ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP**

**21 TITLE
22 NAME
23 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

CARY R. SHOOKOFF, PH.D.

Date

Daytime Phone #

6/13/95 (305) 274-9524