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
95 AUG -7 AM 11:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # H05283 (7)

1. Corporation Name
PERRY S. ITKIN, LAWYER, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
106 SE 9TH ST FORT LAUDERDALE FL 33316	106 SE 9TH ST FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1984
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business	2a. Mailing Address
21 224 SE 9th Street	26 224 SE 9th Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Fort Lauderdale, FL	28 Fort Lauderdale, FL
24 ZIP 33316 25 County USA	29 ZIP 33316 30 Country USA

4. FEI Number: 59-2436492 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Name and Address of Current Corporate Registered Office ☐ $5.00 May Be Added to Fees
8. This corporation has paid all intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ITKIN, PERRY S.
106 SE 9TH STREET
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name: Perry S. Itkin
82 Street Address (P.O. Box Number is Not Acceptable): 224 SE 9th Street
83
84 City: Fort Lauderdale FL 85 33316

11. Pursuant to the provisions of Section 607.0501 or 617.1508, 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 607.325, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	ITKIN, PERRY S.	12 NAME	Perry S. Itkin
STREET ADDRESS	106 SE 9TH ST	13 STREET ADDRESS	224 SE 9th Street
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	Fort Lauderdale, FL 33316
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby 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 12 or Block 13 if changed, or added, above.

SIGNATURE: _____ President 7/29/95 305-524-8596
SIGNATURE AND TYPED OR PRINTED NAME OF IDENTIFYING OFFICER OR DIRECTOR — Title — Daytime Phone #

0078103 CP