

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H24588

(6)

1. Corporation Name

PARKWOOD ELM CORP.



Principal Place of Business

Mailing Address

% ALAN J. WERKSMAN
160 S.W. 12TH AVENUE, #101B
DEERFIELD BEACH FL 33442-3114

% ALAN J. WERKSMAN
160 S.W. 12TH AVENUE, #101B
DEERFIELD BEACH FL 33442-3114

3. Date Incorporated or Qualified

10/09/1984

3a. Date of Last Report

04/12/1995

4. FEE Number

59-2469035

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

This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

WERKSMAN, ALAN J., ESQ.
160 SW 12 AVENUE, #101B
DEERFIELD BEACH FL 33442-3114

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 (if applicable)

NAME Registered Agent Signature (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SADKIN, SEYMOUR	
STREET ADDRESS	4910 WOODLANDS BLVD.	
CITY, ST, ZIP	TAMARAC FL 33319	
TITLE	SD	☐ DELETE
NAME	CASSINO, MICHAEL J., JR.	
STREET ADDRESS	2114 RADNOR COURT	
CITY, ST, ZIP	JUNO ISLES FL 33408	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. 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 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

Michael J. Cassino Dec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96 607-624-0292
DATE TIME PHONE #

CR2E034 (12/95)