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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

(0)

Corporation DAVID Frincipal Place	HERTZIG, P.A.	Mailing Address				
% DAVID HE 3564 LINDEN	ertzig N Lane	% DAVID HERTZIG 3564 LINDEN LANE				
COCONUT G	GROVE FL 33133	COCONUT GROVE FL	33133	3. Date Incorporated or Qualified 06/21/1985	3a. Date of Las 04/04/	•
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2611661		Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	7.	75 Additional ee Required
City & State	;	City & State		Election Campaign Financing Trust Fund Contribution	□ \$5	.00 May Be
<i>Z</i> φ	28 Country Zip 25 29		Country 8. This corporation has fiability for intangible tax under s Florida Statutes Yes No		 	
<u></u>	9. Name and Address of Curi		130	10. Name and Address of New R		
			81 Name		· · · · · · · · · · · · · · · · · · ·	
HERTZIG, DAVID 3564 LINDEN LN COCONUT GROVE FL 33133-2615			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
COCON	10) GHOVE FE 33133-2013		84 City		FL 85	.Zip Code
11. Pursuant to	o the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the above-named corpo	oration submits this statement for the our	pose of changing	its registered office
	ed agent, or both, in the State of Fl th, and accept the obligations of, S	lorida. Such change was authorize ection 607.0505, Florida Statutes.	ed by the corporation's bo	ard of directors. I hereby accept the app	ointment as registe	ered agent. I am
SIGNATURE _	Signature typed or printed name of registered as	lorida. Such change was authorize ection 607.0505, Florida Statutes. gent and title II applicable INO	ed by the corporation's boo	and of directors. I hereby accept the appoint	DATE	
SIGNATURE 5	Signature typed or printed name of registered at OFFICERS A	lorida. Such change was authorize ection 607.0505, Florida Statutes. gent and title if applicable [NO AND DIRECTORS]	ed by the corporation's box TE: Registered Agent signature require 13.	ard of directors. I hereby accept the app	DATE ICERS AND DIREC	DTORS IN 12
SIGNATURE. 12. TILLE	Signature typed or printed name of registered at OFFICERS A	lorida. Such change was authorize ection 607.0505, Florida Statutes. gent and title II applicable INO	TE: Registered Agent signature required 13.	and of directors. I hereby accept the appoint	DATE	DTORS IN 12
SIGNATURE. 5 12. THE NAME	Signature typed or printed name of registered at OFFICERS A	lorida. Such change was authorize ection 607.0505, Florida Statutes. gent and title if applicable [NO AND DIRECTORS]	TE: Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME	and of directors. I hereby accept the appoint	DATE ICERS AND DIREC	DTORS IN 12
SIGNATURE. 12. TILLE NAME SIREFI ADDRESS	Synuture typed or piviled name of registered at OFFICERS A PD HERTZIG, DAVID 3564 LINDEN LN	lorida. Such change was authorize ection 607.0505, Florida Statutes. gent and title if applicable [NO AND DIRECTORS]	TE: Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	and of directors. I hereby accept the appoint	DATE ICERS AND DIREC	DTORS IN 12
SIGNATURE: 12. THE NAME SHEEL ADDRESS CITY ST-ZIP	Signature typed or printed name of registered at OFFICERS A	lorida. Such change was authorize ection 607.0505, Florida Statutes. gent and title if applicable [NO AND DIRECTORS]	TE: Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME	and of directors. I hereby accept the appoint	DATE ICERS AND DIREC	CTORS IN 12 ge: Addition
SIGNATURE: 12. THE NAME FIREH ADDRESS DITY S1-ZIP	Synuture typed or piviled name of registered at OFFICERS A PD HERTZIG, DAVID 3564 LINDEN LN	lorida. Such change was authorize ection 607.0505, Florida Statutes. gent and title if applicable INO AND DIRECTORS	TE: Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	and of directors. I hereby accept the appoint	CATE ICERS AND DIREC	CTORS IN 12 ge: Addition
SIGNATURE: 12. THE NAME STREET ADDRESS CITY ST- ZIP HITLE NAME	Synuture typed or piviled name of registered at OFFICERS A PD HERTZIG, DAVID 3564 LINDEN LN	lorida. Such change was authorize ection 607.0505, Florida Statutes. gent and title if applicable INO AND DIRECTORS	TE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	and of directors. I hereby accept the appoint	CATE ICERS AND DIREC	CTORS IN 12 ge: Addition
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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 earth; 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.

SIGNATUR	₹E:

SIGNING OFFICER OR DIRECTOR

4/26/96 305.445.8874