

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 # H69737 (5)

1. Corporation Name
STANLEY H. SICHEL, P.A.



Principal Place of Business
**1036 SOUTH COLLIER BLVD.
POST PLAZA CENTER, 567 ELKCAM CIRCLE
MARCO ISLAND FL 33937
US**

Mailing Address
**C/O WILLIAM D. KRAMER, P.A.
POST PLAZA CENTER, 567 ELKCAM CIRCLE
MARCO ISLAND FL 33937
US**

3. Date Incorporated or Qualified **08/02/1985** 3a. Date of Last Report **02/03/1995**

4. FEI Number **59-2556578** 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
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

**950 N. COLLIER BLVD
SUITE 301
MARCO ISLAND, FL
33937 US**

9. Name and Address of Current Registered Agent

**KRAMER, WILLIAM D., P.A.
POST PLAZA CENTER
567 ELKCAM CIRCLE
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

81 Name **WILLIAM D. KRAMER**

82 Street Address (P.O. Box Number is Not Acceptable) **950 N. COLLIER BLVD**

83 **SUITE 301**

84 City **MARCO ISLAND** FL 85 Zip Code **33937**

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, the Florida Statutes.

SIGNATURE *William D. Kramer* **WILLIAM D. KRAMER** 3/31/96

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	SICHEL, STANLEY H	
STREET ADDRESS	1036 S. COLLIER BLD 703	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☒ Addition
To ADDRESS ONLY

1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS	1036 S. COLLIER BLVD	
1.4 CITY-ST-ZIP		33937
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: *Stanley H. Sichel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STANLEY H. SICHEL

3/31/96 941-394-1415
Date Daytime Phone #

CR2E034 (12/95)