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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

1996

J06050

(5)

DOCUMENT #
1. Corporation Name

ELLIOT T. ZAHALSKY, P.A.

| 1 | | 6 BHILL BOIL | I BUH BEL | MINI BIN | BIBN BA | BII BIBLI | CIRIL MAN |
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| Principal Place | of Business | Mailing Add | lress | | | | | |
|------------------------|--|-------------------------|------------------------------------|---------------------------------------|-------------------------------|--|-----------------------|-------------------|
| PALM TOWE | RS EXECUTIVE BLDG. | PALM TO | WERS EXECUTIV | E BLDG. | | | | |
| 1343 MAIN S | ST. | | 1343 MAIN ST. Sarasota fl 34236 | | | | | |
| SARASOTA F | -L 34236 | SAKASUI | | | | 3. Date incorporated or Qualified 3a. Date of Last Report 03/25/1986 01/26/1995 | | |
| 2. Principal Pla | ace of Business | 2a. Mailing / | Address | | | 4. FEI Number | | Applied For |
| 21 | <u> </u> | | 26 | | | 59-2651486 | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, A | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | 75 Additional |
| 22 | | 27 | | | | | F | ee Required |
| City & State | | +1 | Oity & State | | | 6. Election Campaign Financing \$5.00 N Trust Fund Contribution Added to | | |
| 23 Zip | Country | 28 Zip | T | Country | | 8. This corporation has liability for | | |
| 24 | 25 | 29 | 3 | ю | | Florida Statutes 🔀 Yes | No 🔲 No | |
| | 9. Name and Address of Cui | | | · · · · · · · · · · · · · · · · · · · | | 10. Name and Address of New I | Registered Agent | |
| | | | | 81 | Name | | | |
| ZAHALS | SKY, ELLIOT T. | | | 82 | Street Add | ress (P.O. Box Number is Not Accepta | bleì | |
| | OWERS EXECUTIVE BLDG. | | | 02 | Sileet Add | Heas (10. Days Harrison to Heavy Hoody | | |
| 1343 M | | | | 83 | | | | |
| SARASO | OTA FL 34236 | | | 84 | City | <u></u> | 85 | Zip Code |
| | | | | | , | | FL | |
| or register | to the provisions of Sections 607.0 red agent or both, in the State of f th, and accept the obligations of S | Ilonda, Such change, | was authorized. | the above by the corp | named corpo poration's boa | oration submits this statement for the plant of directors. I hereby accept the app | oointment as registe | ered agent. I am |
| SIGNATURE , | Signature, typed or ponded native of registere to | and the state of | 41711 | Description Am | of Car of market re | | | |
| 12. | | AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OF | | CTORS IN 12 |
| TITLE | P | |) DELETE | 1 1 T.TLE | | | Char | |
| NAME | ZAHALSKY, ELLIOT T. | | | 1.2 NAME | | | | |
| STREET ADDRESS | 1343 MAIN ST. | | | 1 3 STHEE | * ACORESS | | | |
| CITY · S1 · 21P | SARASOTA FL | | | 1.4 OFFY - | ST-ZIP | | | |
| TITLE | | |) DELETE | 2 1 TIFLE | | | Cha | nge 🔲 Addition |
| NAME | | | | 2.2 NAME | | | | |
| STREET ADDRESS | | | | 2 3 STHEE | I ADDRESS | | | |
| CITY -ST-ZIP | | | | 2.4 CHY - | S1 - ZiP | | | |
| TITLE | | |] DELETE | 3 1 TITLE | | | ☐ Cha | nge 🔲 Addition |
| NAME | | | | 3.2 NAMÉ | Ī | | | |
| STREET ADORESS | | | | 1 | FT ADDRESS | | | |
| CITY - ST - ZIP | | | 7.051.515 | 3 4 CITY - | | | □ Cha | nge 🗍 Addition |
| TITLE | | Ĺ | DETELE | 4 1 Tillet | | | | ilite [_] Madidan |
| NAME | | | | 4.2 NAME | į | | | |
| STREET ADDRESS | | | | | TADORESS | | | |
| CITY-ST-ZIP | | | DELETE | 4 4 C TY - | ST-ZIF | | □ Cha | nge 🔲 Addition |
| TITLE | | L | _ occur | 5 1 T TLF | | | | . 4 |
| NAME | | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | | | : LADDRESS | | | |
| CITY-ST-ZIP | | г | DELETE | 5.4 Chi y - 6.1 TiTu6 | | | Cha | nge 🔲 Addition |
| THILE | | L | | 6 2 NAME | | | | - - |
| NAME ethect (Dances | | | | | EL ADURESS | | | |
| STREET ADDRESS | | | | 6.4 CiTY - | 1 | | | |
| CHTY-ST-ZIP | by certify that the information succ | hed with this filing is | voluntarily furnish | ned and do | es not qualify | for the exemption stated in Section 11 | 9.07(3)(k), Florida S | tatutes I further |

roo nereby dering that the information supplied with this image is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early large the section of the con-poration 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:

WPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)