
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

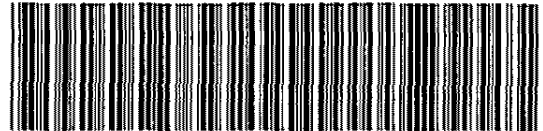
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Tallahassee
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J10186

(1)

1. Corporation Name
SARASOHN & ASSOCIATES, INC.

Main Address
**7100 W CAMINO REAL
P O BOX 8
BOCA RATON FL 33429-7008**

Principal Place of Business
**7100 W CAMINO REAL
P O BOX 8
BOCA RATON FL 33429-7008**

**APPROVED
AND
FILED**

24 AUG -4 PM 1:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THESE SPACES

3. Date of Incorporation or Completion	3a. Date of Last Annual Report
04/21/1986	04/27/1993
4. FSA Number	5. Certificate of Status Fee
59-2661900	\$8.75 Additional Fee Required
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	8. This corporation has liability for franchise tax under S. 1907, Florida Statutes
☐	☒ \$5.00 May Be Added to Fees

2. Mailing Address	2a. Principal Place of Business
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**SARASOHN, STEPHEN
4201 N OCEAN BLVD.
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81. Name	82. Street Address, P.O. Box Number & City, State & Zip
	3288 NW 60 St BOCA RATON FL 33496
83. City	84. State
	FL 33496

11. Pursuant to the provisions of Sections 607.0502 and 607.0503 or Sections 617.0502 and 617.1503, Florida Statutes, the above named corporation hereby certifies that the person named as its registered agent is a natural person who is at least 18 years of age and is a resident of the State of Florida. Such change was authorized by the corporation's board of directors and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	
12.1 NAME	D/P SARASOHN, STEPHEN
12.2 STREET ADDRESS	4201 N OCEAN
12.3 CITY, ST, ZIP	BOCA RATON FL
12.4 NAME	D/P GALANTE, JOSEPH
12.5 STREET ADDRESS	7100 W CAMINO REAL 214
12.6 CITY, ST, ZIP	BOCA RATON FL
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY, ST, ZIP	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, ST, ZIP	
12.16 NAME	
12.17 STREET ADDRESS	
12.18 CITY, ST, ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS	
13.1 NAME	3288 NW 60 St
13.2 STREET ADDRESS	BOCA RATON FL 33496
13.3 CITY, ST, ZIP	FL 33496
13.4 NAME	75 BANK OF COMMERCIAL DR #26
13.5 STREET ADDRESS	BOCA RATON FL 33496
13.6 CITY, ST, ZIP	
13.7 NAME	
13.8 STREET ADDRESS	
13.9 CITY, ST, ZIP	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 NAME	
13.14 STREET ADDRESS	
13.15 CITY, ST, ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in any law. I hereby certify that the information indicated on this annual report or supplement of annual report is true and accurate and that my signature shall have the same legal effect as if I were personally present at the time the information was furnished. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Stephen Sarasohn* Pres. 407368-5700
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR