
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

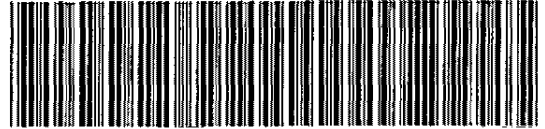
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION

ANNUAL REPORT

1987



FLORIDA DEPARTMENT OF STATE

Division of Corporations
Secretary of State

1907 NORTH WASHINGTON

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation (Print or Type)

J10166
SARASOHN & ASSOCIATES, INC.
C/O STEPHEN SARASOHN
1015 SPANISH RIVER ROAD
BOCA RATON, FL 33432

1

2. Enter Change of Address of Corporation (Principal Office - P.O. Box Number Alone is NOT Sufficient)

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

04/21/1988

3. Filing Number (F.F.N.)
Filing Date 11 1988

Date of Last Report

4. Name and Address of Officer and Director (Print or Type)

SARASOHN, STEPHEN

D/P

1015 SPANISH RIVER RD.

BOCA RATON FL

REGISTERED AGENT INFORMATION

Name and Address of Registered Agent

SARASOHN, STEPHEN
1015 SPANISH RIVER ROAD
BOCA RATON, FL 33432

5. Name and Address of New Registered Agent

Name of

Street Address 1 (Do Not Use P.O. Box Number) 82

Street Address 2 (Do Not Use P.O. Box Number) 83

City and State 34

FL

6. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the information required by Chapter 607, F.S., to be filed with the Secretary of State, and I am not aware of any information which would cause me to believe that the same is false or misleading in any material particular.

7. I hereby declare that the above information is true and correct, and I accept the obligations of Section 607.025, F.S.

8. Signature

9. Registered Agent Accepting Appointment

DATE

\$3.00 additional fee required for Registered Agent changes.

10. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the information required by Chapter 607, F.S., to be filed with the Secretary of State, and I am not aware of any information which would cause me to believe that the same is false or misleading in any material particular.

Signature

STEPHEN SARASOHN

Title

PRES

11. Telephone Number

305-394-7799

11. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status