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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATION

**DOCUMENT # .111794** 

(1)

IS	Secretary of State

**FILED** 

Apr 14 1997 8:00am

1. Corporation Name LLOYD M. ROUTMAN, P.A.  Principal Place of Business  Mailing Address  LLOYD M. ROUTMAN  100 NE 94TH ST 100 NE 94TH ST MIAMI FL 33138  MIAMI FL 33138  MIAMI FL 33138-3714						
				<ol> <li>Date Incorporated or Qualified 04/28/1986</li> </ol>	3a. Date of L 05/20/19	
2. Principal P	Place of Business	2a. Mailing Address 26		4. FEI Number 59-2699451	-	Applied For Not Applicable
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional se Required
City & Stat	te	City & State		6. Election Campaign Financing		.00 May Be
Zip 24	Country 25	Zip 29	Country 30	Trust Fund Contribution  8. This corporation has liability for Florida Statutes		
<u> </u>	g. Name and Address of Curre		1301	10. Name and Address of New Re		
100	UTMAN, LLOYD M. I NE 84TH ST IMI FL 33138		<ul> <li>81 Name</li> <li>82 Street Add</li> <li>83</li> <li>84 City</li> </ul>	dress (P.O. Box Number is Not Acceptat	ble)	Zip Code
11. Pursuant office or agent if a	to the provisions of Sections 607.00 registered agent, or both, in the Sta am familiar with, and accept the obli	502 and 607.1508, Florida Statute of Florida. Such change was igations of, Section 607.0506, F	I L ites, the above-named cor authorized by the corpora lorida Statutes.	poration submits this statement for the pation's board of directors. I hereby accept	purpose of chang pt the appointmen	ging its registered int as registered
SIGNATURE	Standure, typed or printed name of reosciered a	agent and little if applicable (NC	TE Registered Agent signature regu	ulted when reinstating)	DAYE	
SIGNATURE	Signature, typed or printed name of repowered a OFFICERS A	agent and title if applicable (NC	PTE Registered Agent signaturé requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
	OFFICERS A					
12.	PD ROUTMAN, LLOYD M.	ND DIRECTORS	13.		CERS AND DIREC	
<b>12.</b> TITLE	OFFICERS A PD ROUTMAN, LLOYD M. 100 NE 84TH ST	ND DIRECTORS	13. 1.1 TITLE		CERS AND DIREC	
12. Title Name Street address City-St-Zip	PD ROUTMAN, LLOYD M.	ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		CERS AND DIREC	ange 🔲 Addition
12. HITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE	OFFICERS A PD ROUTMAN, LLOYD M. 100 NE 84TH ST	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		CERS AND DIREC	ange 🔲 Addition
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12. TITLE NAME	OFFICERS A PD ROUTMAN, LLOYD M. 100 NE 84TH ST	ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME		CERS AND DIREC	ange Addition
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12.  INTUE  JAME  STREET ADDRESS  CITY-ST-ZIP  INTUE  INTU	OFFICERS A PD ROUTMAN, LLOYD M. 100 NE 84TH ST	ND DIRECTORS  DELETE  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP		CERS AND DIREC	ange Addition  ange Addition
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12.  TITLE  VAME  STREET ADDRESS CITY-ST-7/P  TITLE  VAME  STREET ADDRESS CITY-ST-7/P  TITLE  NAME  STREET ADDRESS CITY-ST-7/P  TITLE  NAME  STREET ADDRESS CITY-ST-7/P	OFFICERS A PD ROUTMAN, LLOYD M. 100 NE 84TH ST	DELETE  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  4.1 STREET ADDRESS  4.4 CITY-ST-ZIP		CERS AND DIREC	ange Addition ange Addition
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r an nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 tarn an officer or clirector 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 13 or Block 13 or chapter 607 or on an attachment with an address.

SIGNATURE:

AND TYPED OF SAINTED NAME OF SIGNING OFFICER OR DIRECTOR