

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J27470 (0)

1. Corporation Name
ISIDORE IRA BLITT, C.P.A., P.A.

Principal Place of Business

**6301 SUNSET DRIVE
SUITE 203
S. MIAMI FL 33143
US**

Mailing Address

**6301 SUNSET DRIVE
SUITE 203
S. MIAMI FL 33143
US**



2. Principal Place of Business

21 Subv. Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Subv. Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/04/1986

3a. Date of Last Report

04/20/1995

4. FEI Number

59-2700565

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. 190.032 Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**BLITT, ISIDORE IRA
6301 SUNSET DRIVE, SUITE 203
SOUTH MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0562 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, Section 607.0575, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE DELETE

NAME: **PD BLITT, ISIDORE IRA**
STREET ADDRESS: **6301 SUNSET DRIVE, SUITE 203**
CITY-STATE-ZIP: **SOUTH MIAMI FL**

2. TITLE DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

3. TITLE DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

4. TITLE DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

5. TITLE DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

6. TITLE DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE Change Addition

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE Change Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE Change Addition

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE Change Addition

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE Change Addition

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE Change Addition

62. NAME

63. STREET ADDRESS

64. CITY-STATE-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 furnished 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, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of Changes or on an attachment to an address.

SIGNATURE:

Isidore Ira Blitt CPA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-96

305-665-7588

CR2E034 (12/95)