

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K05182 (6)

1. Corporation Name

ALLEN DAVID MARCUS ASSOCIATES, INC.



Principal Place of Business

220 THREE ISLAND BLVD
STE 202
HALLANDALE FL 33009
US

Mailing Address

220 THREE ISLANDS BLVD
202
HALLANDALE FL 33009
US

3. Date Incorporated or Qualified
11/30/1987

3a. Date of Last Report
03/20/1995

2. Principal Place of Business
21 2501 SO. OCEAN DRIVE

2a. Mailing Address
26 2501 SO. OCEAN DR.

4. FEI Number
65-0018468

Applied For
Not Applicable

Suite, Apt. #, etc.
22 STE 733

Suite, Apt. #, etc.
27 STE 733

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State
23 HOLLYWOOD FL

City & State
28 HOLLYWOOD FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip
24 33019

Country
25 US

Zip
29 33019

Country
30 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRODSKY, MARGARET S.
155 SOUTH MIAMI AVE.
PH 1
MIAMI FL 33130

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
MARCUS, ALLEN DAVID
220 THREE ISLANDS BLVD 202
HALLANDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
PYLE, LAWRENCE
220 THREE ISLAND BLVD 202
HALLANDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2501 SO. OCEAN DR. #733
HOLLYWOOD, FL. 33019

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
2501 SO. OCEAN DR. #733
HOLLYWOOD, FL. 33019

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - 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 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 I am an officer or director 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLEN DAVID MARCUS

DATE

Daytime Phone #

2/25/96 954-925-8002

CR2E034 (12/95)