

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 # K13599

(1)

1. Corporation Name

DEBRA P. ROCHLIN, P.A.



Principal Place of Business

613 SOUTHEAST FIRST AVE
COTTAGE A
FT LAUDERDALE FL 33301
US

Mailing Address

613 SOUTHEAST FIRST AVE
COTTAGE A
FT LAUDERDALE FL 33301
US

2. Principal Place of Business

2a. Mailing Address

21 1750 East Sunrise Blvd.

26 1750 East Sunrise Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Third Floor

27 Third Floor

City & State

City & State

23 Fort Lauderdale, FL

28 Fort Lauderdale, FL

Zip

Zip

Country

Country

24 33304-3097

25

29 33304-3097

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/26/1988

3a. Date of Last Report

06/20/1995

4. FEI Number

65-0024994

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. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

ROCHLIN, DEBRA P.
613 SOUTHEAST FIRST AVE
COTTAGE A
FT LAUDERDALE FL 33301

81 Name

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

1750 East Sunrise Blvd.

83

Third Floor

84

Fort Lauderdale

FL

85 Zip Code

33304

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

Debra P. Rochlin
Signature, typed or printed name of registered agent and title if applicable

Debra P. Rochlin
Signature, typed or printed name of registered agent and title if applicable

03/01/96
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROCHLIN, DEBRA P.
613 SOUTHEAST FIRST AVE, COTTAGE A
FT LAUDERDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 NAME
12 STREET ADDRESS
13 CITY-ST-ZIP
1750 East Sunrise Blvd., 3rd Floor
Fort Lauderdale, FL 33304-3097

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Debra P. Rochlin
Signature and typed or printed name of signing officer or director

03/01/96
Date

954-832-9009
Daytime Phone #

CR2E034 (12/95)