

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **K64144** (4)

1. Corporation Name

**ALL FAMILY PROPERTIES, INC.**

Principal Place of Business

**930 S. STATE RD. 7  
FT. LAUDERDALE FL 33317-4523**

Mailing Address

**930 S. STATE RD. 7  
PLANTATION FL 33317-4523  
US**



3. Date Incorporated or Qualified  
**02/07/1989**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**65-0102555**

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROZENSKY, MILTON  
930 S SR 7  
PLANTATION FL 33317**

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 of person authorized to change the registered office or agent

Signature of Registered Agent (signature required when registering)

Date

12. OFFICERS AND DIRECTORS

1. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**PTD  
ROZENSKY, MILTON  
930 S SR 7  
PLANTATION FL** ☐ DELETE

2. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**VPDS  
ROZENSKY, SHIRLEY  
1709 WHITEHALL DR 102  
FT LAUDERDALE FL** ☐ DELETE

3. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP ☐ DELETE

4. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP ☐ DELETE

5. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP ☐ DELETE

6. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2. 1. TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3. 1. TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4. 1. TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5. 1. TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6. 1. TITLE ☐ Change ☐ Addition

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 truthfully 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MILTON ROZENSKY**

**2/7/96**

Date

**954-581-4441**

Telephone Number

CR2E034 (12/95)