

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 # **K76370** (1)

1. Corporation Name

KOPELOWITZ & PLAFSKY, P.A.

Principal Place of Business

**% HARVEY KOPELOWITZ
750 SE 3RD AVE. #100
FT LAUDERDALE FL 33316**

Mailing Address

**% HARVEY KOPELOWITZ
750 SE 3RD AVE. #100
FT LAUDERDALE FL 33316**



3. Date Incorporated or Qualified
03/29/1989

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, 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

**KOPELOWITZ, HARVEY
750 SE THIRD AVE
SUITE 100
FT LAUDERDALE FL 33316**

4. FEI Number

65-0110849

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

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 607.1506, 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 the person who is the registered agent, or the applicable

signature of the Registered Agent, is required when re-registering.

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
|-------|--------------------|-----------------------|-------------------|---------------------------------|
| DPT | KOPELOWITZ, HARVEY | 750 SE 3RD AVE, #100 | FT LAUDERDALE FL | <input type="checkbox"/> |
| DVS | PLAFSKY, ROBERT A. | 750 SE 3RD AVE., #100 | FT. LAUDERDALE FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE | 2. NAME | 3. STREET ADDRESS | 4. CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------|---------|-------------------|----------------|---------------------------------|-----------------------------------|
| 1. TITLE | 2. NAME | 3. STREET ADDRESS | 4. CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. TITLE | 2. NAME | 3. STREET ADDRESS | 4. CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. TITLE | 3. NAME | 3. STREET ADDRESS | 4. CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. TITLE | 4. NAME | 4. STREET ADDRESS | 4. CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. TITLE | 5. NAME | 5. STREET ADDRESS | 5. CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. TITLE | 6. NAME | 6. STREET ADDRESS | 6. CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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 a attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harvey Kopeowitz Director

Date

Signature Phone #

1/22/96

(305) 767-0100

CR2E034 (12/95)