

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K78912

(8)

1. Corporation Name

MICHAEL D. MOPSICK, P.A.

Principal Place of Business

MICHAEL D. MOPSICK
7000 W PALMETTO PARK RD STE 203
BOCA RATON FL 33433

Mailing Address

MICHAEL D. MOPSICK
7000 W PALMETTO PARK RD STE 203
BOCA RATON FL 33433

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

g. Name and Address of Current Registered Agent

MOPSICK, MICHAEL D.
7000 W PALMETTO PARK RD STE 203
BOCA RATON FL 33433

3. Date Incorporated or Qualified

04/10/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0110502

Applies 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 607.01(2) and 607.1502, 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. The registrant appoints the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.01(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for New Registered Agent

Date

12. OFFICERS AND DIRECTORS

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NAME
MOPSICK, MICHAEL D.
STREET ADDRESS
3119 ST ANNES DR
CITY-ST- ZIP
BOCA RATON FL

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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)(b), 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 added in accordance with an address.

SIGNATURE:

Michael D. Mopsick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96 407-367-9805
DATE AND PHONE NUMBER

CR2E034 (12/95)