FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -7 AM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K91817** **(2)**

1. Corporation Name

6800 PROFESSIONAL BUILDING, INC.

Principal Place of Business	Mailing Address
5701 NO PINE ISLD RD STE 250 FT LAUDERDALE FL 33321 US	PO BOX 26508 FT LAUDERDALE FL 33321 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1989	3a. Date of Last Report: 04/22/1994
4. FEI Number: 65-0124496	☐ 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HOROWITZ, ALFRED J.
% HOROWITZ & ROLNICK
6800 W. COMMERCIAL BLVD., SUITE 5
FT. LAUDERDALE FL 33319

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 607.1508, 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 _____ (NOTE: Registered Agent's signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PINCHEVSKY, DAVID	12 NAME	
STREET ADDRESS	5701 NO PINE ISLD RD, STE 250	13 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	HOROWITZ, ALFRED J	22 NAME	
STREET ADDRESS	6800 W COMMERCIAL BLV #5	23 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	ROLNICK, HERBERT H	32 NAME	
STREET ADDRESS	6800 W COMMERCIAL BLV #5	33 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	EISENBERG, JAY	42 NAME	
STREET ADDRESS	5701 NO PINE ISLD RD, STE 250	43 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), 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: J.A. Jai Eisenberg, V.P. 4/3/95 305 722-5010

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Telephone Number)

0241021 CP