

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 # K96098

(4)

1. Corporation Name

HELENE GROSSMAN, P.A.



Principal Place of Business

% HELENE GROSSMAN  
7801 W COMMERCIAL BLVD.  
FT LAUDERDALE FL 33351

Mailing Address

% HELENE GROSSMAN  
7801 W COMMERCIAL BLVD.  
FT LAUDERDALE FL 33351

2. Principal Place of Business

21 10120 W OAKLAND PK BLVD  
Suite, Apt. #, etc.

22 Sunrise, Florida

City & State

23

Zip

24 33351

Country

25 U.S.A.

2a. Mailing Address

26 9601 NW 67 COURT  
Suite, Apt. #, etc.

City & State

27

City & State

28 Tamarac Fla

Zip

29 33321

Country

30 U.S.A.

3. Date Incorporated or Qualified

06/16/1989

3a. Date of Last Report

06/14/1995

4. FEI Number

65-0129609

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

9. Name and Address of Current Registered Agent

GROSSMAN, HELENE  
9601 N.W. 67 COURT  
TAMARAC FL 33321

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

Signature, typed or printed name of registered agent and third party agent

(NOTE: Registered Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GROSSMAN, HELENE  
STREET ADDRESS 4182 N. STATE ROAD 7  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE  
NAME GROSSMAN, Helene  
STREET ADDRESS 10120 W OAKLAND PK. Blvd.  
CITY-ST-ZIP Sunrise, Florida 33351

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME GROSSMAN, HELENE  
1.3 STREET ADDRESS 10120 W OAKLAND PK BLVD  
1.4 CITY-ST-ZIP Sunrise, Fla. 33351

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 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:

Helene Grossman Pres. 4/5/96 (305) 570-3731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)