

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L32133 (5)

1. Corporation Name

MARK A. GOODIS, CPA, MBA, P.A.



Principal Place of Business

Mailing Address

C/O MARK A. GOODIS
6800 W. COMMERCIAL BLVD., SUITE E 1
FORT LAUDERDALE FL 33319

C/O MARK A. GOODIS
6800 W. COMMERCIAL BLVD., SUITE E 1
FORT LAUDERDALE FL 33319

3. Date Incorporated or Qualified
11/28/1989

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 9600 W. SAMPLE Rd.

26 9600 W. SAMPLE Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 502

27 SUITE 502

City & State

City & State

23 CORAL SPRINGS, FL

28 CORAL SPRINGS, FL

Zip

Country

Zip

Country

24 33065

25 USA

29 33065

30 USA

4. FEI Number
65-0166445

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

10. Name and Address of New Registered Agent

GOODIS, MARK A.
6800 W. COMMERCIAL BLVD.
SUITE E 1
FORT LAUDERDALE FL 33319

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
9600 W. SAMPLE ROAD

83 SUITE 502

84 City
CORAL SPRINGS

FL

85 Zip Code
33065

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
GOODIS, MARK A.
STREET ADDRESS 6800 W. COMMERCIAL BLVD
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS

9600 W. SAMPLE Rd,
CORAL SPRINGS, FL 33065

1.4 CITY-ST-ZIP

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: *Mark A. Goodis* MARK A. GOODIS

4/26/96 954-752-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)