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 # **L43200** **(9)**

1. Corporation Name

HARLENE S. ZWEIG, C.P.A., P.A.

Principal Place of Business	Mailing Address
%HARLENE S ZWEIG 214 S MILITARY TRAIL DEERFIELD BEACH FL 33442	%HARLENE S ZWEIG 214 S MILITARY TRAIL DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: 01/08/1990
3a. Date of Last Report: 03/16/1995

2. Principal Place of Business
21: 7275 NW 62 Terr.
22: Suite, Apt. #, etc.
23: City & State: Parkland FL
24: Zip: 33067
25: Country: Broward

2a. Mailing Address
26: 7275 NW 62 Terrace
27: Suite, Apt. #, etc.
28: City & State: Parkland FL
29: Zip: 33067
30: Country: Broward

4. FEI Number: 65-0164372 ☐ 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

~~ZWEIG, HARLENE S~~
~~6240 NW 76TH CT.~~
~~PARKLAND FL 33067~~
7275 NW 62 Terrace
Parkland FL 33067

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: Harlene S. Zweig (NOTE: Registered Agent signature required when applicable) DATE: 3/31/96

Harlene S. Zweig
Signature of new or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ZWEIG, HARLENE S	
STREET ADDRESS	~~6240 NW 76TH CT.~~	
CITY-ST-ZIP	~~PARKLAND 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

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	7275 NW 62 Terrace	
1.4 CITY-ST-ZIP	Parkland FL 33067	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Harlene S. Zweig 3/31/96 (954) 755-8083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #