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Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L52919** (2)

1. Corporation Name
WILLIAM STUART ZWICK, ATTORNEYS, P.A.

Principal Place of Business

**WILLIAM S. ZWICK
8448 SANDERLING ROAD
SARASOTA FL 34242**

Mailing Address

**WILLIAM S. ZWICK
8448 SANDERLING ROAD
SARASOTA FL 34242-2749**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**ZWICK, WILLIAM S.
8448 SANDERLING ROAD
SARASOTA FL 34242**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered

Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZWICK, WILLIAM S.	
STREET ADDRESS	8448 SANDERLING ROAD	
CITY-ST-ZIP	SARASOTA FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to file 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

3. Date Incorporated or Qualified **02/26/1990** 3a. Date of Last Report **04/26/1996**

4. FEI Number **65-0178261** 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

10. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL **85** Zip Code

I, named corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered

CR2E034 (9/96)