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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # L70268 (2)

1. Corporation Name

STEVEN G. ROSEN, CPA, P.A.

Principal Place of Business	Mailing Address
4875 N. FEDERAL HWY. 4th FLOOR FT. LAUDERDALE, FL 33308	4875 N. FEDERAL HWY. 4th FLOOR FT. LAUDERDALE, FL 33308

3. Date Incorporated or Qualified: 05/03/1990
3a. Date of Last Report: 01/09/1995

2. Principal Place of Business
21 4875 N. FEDERAL HWY.
Suite, Apt. #, etc.
22 4th FLOOR
City & State
23 FT. LAUDERDALE, FL
Zip 24: 33308 Country 25: US

2a. Mailing Address
26 4875 N. FEDERAL HWY.
Suite, Apt. #, etc.
27 4th FLOOR
City & State
28 FT. LAUDERDALE, FL
Zip 29: 33308 Country 30: US

4. FEI Number: 65-0196853 ☐ 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

ROSEN, STEVEN G.
10736 NW 21st STREET
CORAL SPRINGS, FL 33071-4218

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST ROSEN, STEVEN G. 4875 N. FEDERAL HWY., 4 FLOOR FT. LAUDERDALE, FL 33308 ☐ DELETE	1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSEN, STEVEN G. 4875 N. FEDERAL HWY., 4 FLOOR FT. LAUDERDALE, FL 33308 ☐ DELETE	2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP	☐ Change ☒ Addition V ROSEN, MICHELLE 10736 NW 21st STREET CORAL SPRINGS, FL 33071-4218
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP	☐ Change ☐ Addition 500001746705 -03718/96--01046--026 ***200.00
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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: Steven G. Rosen 2/9/96 (954) 351-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STEVEN G. ROSEN, PRESIDENT