

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 # **L91745** (4)

1. Corporation Name

SELTZER/DELMAN, INC.



Principal Place of Business

**7900 NOVA DRIVE
SUITE 201
FT LAUDERDALE FL 33324**

Mailing Address

**7900 NOVA DRIVE
SUITE 201
FT LAUDERDALE FL 33324**

3. Date Incorporated or Qualified

08/08/1990

3a. Date of Last Report

02/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **SUITE 104**
22 City & State **SUITE 104**
23 Zip **SUITE 104**
24 Country **SUITE 104**
25 Zip **SUITE 104**
26 Country **SUITE 104**
27 Zip **SUITE 104**
28 Country **SUITE 104**
29 Zip **SUITE 104**
30 Country **SUITE 104**

4. FEI Number

65-0220866

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

**DELMAN, LESLIE
7900 NOVA DR STE 201
FT LAUDERDALE FL 33324**

81 Name

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

STE #104

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE **VSD**
12.2 NAME **SELTZER, CLAUDE B**
12.3 STREET ADDRESS **7900 NOVA DR STE. 201**
12.4 CITY-ST-ZIP **FT LAUDERDALE FL**
12.5 TITLE **PTD**
12.6 NAME **DELMAN, LESLIE**
12.7 STREET ADDRESS **7900 NOVA DR STE 201**
12.8 CITY-ST-ZIP **FT LAUDERDALE FL**
12.9 TITLE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY-ST-ZIP
12.13 TITLE
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY-ST-ZIP
12.17 TITLE
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY-ST-ZIP

13.1 1.1 TITLE ☒ Change ☐ Addition
13.2 1.2 NAME **STE 104**
13.3 1.3 STREET ADDRESS **STE 104**
13.4 1.4 CITY-ST-ZIP **STE 104**
13.5 2.1 TITLE ☒ Change ☐ Addition
13.6 2.2 NAME **STE 104**
13.7 2.3 STREET ADDRESS **STE 104**
13.8 2.4 CITY-ST-ZIP **STE 104**
13.9 3.1 TITLE ☐ Change ☐ Addition
13.10 3.2 NAME
13.11 3.3 STREET ADDRESS
13.12 3.4 CITY-ST-ZIP
13.13 4.1 TITLE ☐ Change ☐ Addition
13.14 4.2 NAME
13.15 4.3 STREET ADDRESS
13.16 4.4 CITY-ST-ZIP
13.17 5.1 TITLE ☐ Change ☐ Addition
13.18 5.2 NAME
13.19 5.3 STREET ADDRESS
13.20 5.4 CITY-ST-ZIP
13.21 6.1 TITLE ☐ Change ☐ Addition
13.22 6.2 NAME
13.23 6.3 STREET ADDRESS
13.24 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, upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Claude B. Seltzer
Vice President**

February 6, 1996

Date

Daytime Phone #

CR2E034 (12/95)