

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L91854

1. Corporation Name

MICHAEL S. WENDROW, P.A.

Principal Place of Business

1005 N.E. 125th Street
Suite 207/209
North Miami, FL 33161

Mailing Address

1005 N.E. 125th Street
Suite 207/209
North Miami, FL 33161

3. Date Incorporated or Qualified
07/27/90

3a. Date of Last Report
01/31/95

4. FEI Number
65-0225812

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

Country

9. Name and Address of Current Registered Agent

Michael S. Wendrow
1005 N.E. 125th Street
Suite 207/209
North Miami, FL 33161

81. Name

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

83. City

84. State

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

12. OFFICERS AND DIRECTORS

1. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

P, T, S, D
Michael S. Wendrow
1005 N.E. 125th Street
North Miami, FL 33161

☐ DELETE

2. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14a.

14b.

14c. ADDRESS

14d. CITY

14e. STATE

14f. ZIP

☐ Change ☐ Addition

15a.

15b.

15c. ADDRESS

15d. CITY

15e. STATE

15f. ZIP

☐ Change ☐ Addition

16a.

16b.

16c. ADDRESS

16d. CITY

16e. STATE

16f. ZIP

☐ Change ☐ Addition

17a.

17b.

17c. ADDRESS

17d. CITY

17e. STATE

17f. ZIP

☐ Change ☐ Addition

18a.

18b.

18c. ADDRESS

18d. CITY

18e. STATE

18f. ZIP

☐ Change ☐ Addition

70000178494
-04/18/96--01011--023
***200.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael S. Wendrow, President

44-94

(305) 899-0266

50-41-17-96

CR2E034 (12/95)