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 # **M11058** **(8)**

1. Corporation Name

DOUGLASS & STROUP, P.A.

Principal Place of Business

C/O DANIEL D. DOUGLASS
901 SE 17TH ST.. SUITE 208
FT. LAUDERDALE FL 33316
US

Mailing Address

C/O DANIEL D. DOUGLASS
901 SE 17TH ST.. STE 208
FT. LAUDERDALE FL 33316
US

3. Date Incorporated or Qualified: 02/07/1985

3a. Date of Last Report: 04/25/1995

2. Principal Place of Business — 21

Suite, Apt. #, etc. — 22

City & State — 23

Zip — 24 Country — 25

2a. Mailing Address — 26

Suite, Apt. #, etc. — 27

City & State — 28

Zip — 29 Country — 30

4. FEI Number: 59-2491889 — 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

DOUGLASS, DANIEL D.
901 SOUTHEAST 17TH ST.
SUITE 208
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name: FREDERICK POLATSEK

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

83: 2455 E. SUNRISE BLVD

84 City: FT LAUDERDALE FL 85 Zip Code: 33304

11. Pursuant to the provisions of Section 607.0505 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Fred Polatsek — 4/30/96

Signature (typed or printed name of registered agent and title if applicable) — (NOTE: Registered Agent signature required when name is stated) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	DOUGLASS, DANIEL D.	
STREET ADDRESS	901 S. E. 17TH ST. S-209	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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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	PERSONAL REP.	☒ Change ☐ Addition
1.2 NAME	FREDERICK POLATSEK	
1.3 STREET ADDRESS	2455 E. SUNRISE BLVD. STE 216	
1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33304	
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		

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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: Fred Polatsek — 4/16/96 — 954-462-8808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FREDERICK POLATSEK

CR2E034 (12/95)