

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 # M14166 (6)

1. Corporation Name

KALIK, ELWOOD, RICHARDSON & ASSOCIATES, INC.

Principal Place of Business

899 W CYPRESS CREEK RD  
910  
FT. LAUDERDALE FL 33309  
US

Mailing Address

899 W CYPRESS CREEK RD  
910  
FT. LAUDERDALE FL 33309  
US



2. Principal Place of Business

2a. Mailing Address

21 1250 E. HALLANDALE BEACH

26 1250 E. HALLANDALE BEACH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 805

27 SUITE 805

City & State

City & State

23 HALLANDALE, FL.

28 HALLANDALE, FL.

Zip

Zip

24 33009

29 33009

Country

Country

25 FLORIDA

30 FLORIDA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/18/1985

3a. Date of Last Report

03/28/1995

4. FEI Number

59-2524620

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

ELWOOD, JAMES C

899 W CYPRESS CREEK RD

STE 910

FT. LAUDERDALE FL 33309

81 Name

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

1250 E. HALLANDALE BEACH BLVD.

83

SUITE 805

84 City

HALLANDALE

FL

85 Zip Code

33009

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 of the applicant

Signature typed or printed name of registered agent and of the applicant

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE ☐ DELETE

NAME DP  
STREET ADDRESS ELWOOD, JAMES C.  
CITY-ST-ZIP 4901 NW 17 WAY #601  
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME ST  
STREET ADDRESS CHEEMA, BALWANT S.  
CITY-ST-ZIP 4901 NW 17 WAY #601  
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME DV  
STREET ADDRESS KALIK, LANNY  
CITY-ST-ZIP 4901 NW 17TH WAY, #601  
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/29/96

Date

Date of Filing

CR2E034 (12/95)