

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:29

DOCUMENT # **M34372** (6)

1. Corporation Name

THE ROTHCHILD COMPANIES, INC.

Principal Place of Business

102 N.E. 2ND STREET
SUITE 193
BOCA RATON FL 33432

Mailing Address

102 N.E. 2ND STREET
SUITE 193
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/27/1986

3a. Date of Last Report

08/09/1994

4. FEI Number

65-0110447

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GUSRAE, BERT L.~~
~~6622 SERENA LANE~~
~~BOCA RATON FL 33433~~

81 Name

David A. Carter, P.A.

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

355 West Palmetto Park Road

83 City

Boca Raton

FL

85 Zip Code
33433

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 *David A. Carter*

(Signature, typed or printed name of registered agent and the filer, if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

3/2/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BECKER, NORMAN H.
STREET ADDRESS	102 N.E. 2ND STREET, SUITE 193
CITY-ST-ZIP	BOCA RATON FL
TITLE	STD
NAME	CARTER, DAVID A.
STREET ADDRESS	102 N.E. 2ND STREET, SUITE 193
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	JAFFE, ROBERT
STREET ADDRESS	4770 BISCAYNE BLVD #1200
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<i>Delete Mr. JAFFE as an</i>
3.3 STREET ADDRESS	<i>officer and director</i>
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	

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 110.07(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: *David A. Carter, Secy-Treas.* 3/2/95 (602) 393-7251

(Signature and typed or printed name of signing officer or director)

David A. Carter