

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 # **M64771** (2)

1. Corporation Name

PAUL M. BLOOMGARDEN, P.A.



Principal Place of Business

**BARNETT MORTGAGE CENTER SU.100A
8551 W.SUNRISE BLVD.
FT. LAUDERDALE FL 33322**

Mailing Address

**BARNETT MORTGAGE CENTER SU.100A
8551 W.SUNRISE BLVD.
FT. LAUDERDALE FL 33322**

3. Date Incorporated or Qualified
01/14/1988

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

21. Subst. Apt. #, etc.
22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Subst. Apt. #, etc.
27. City & State

28. Zip

29. Country

4. FEI Number
65-0042969

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

**BLOOMGARDEN, PAUL M.
SUITE 100A
SUITE 408 CUMBERLAND BLDG.
FT. LAUDERDALE FL 33322**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Agent (Registered Agent or New Agent and the Registered Agent)

(If Not Registered Agent, Signature of President or Secretary)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP BLOOMGARDEN, PAUL M.**
STREET ADDRESS **8551 W.SUNRISE SU.100A**
CITY-STATE-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 a replacement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul M. Bloomgarden

2/1/96

Date

954-370-2222

Daytime Phone #

CR2E034 (12/95)