

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 # **M82114** (3)

1. Corporation Name

BIRCHCLIFF, INC.



Principal Place of Business

% **STUART S. ROSENTHAL**
800 EAST CYPRESS CREEK RD., STE. 303
FT. LAUDERDALE FL 33334

Mailing Address

% **STUART S. ROSENTHAL**
800 EAST CYPRESS CREEK RD., STE. 303
FT. LAUDERDALE FL 33334

3. Date Incorporated or Qualified
05/23/1988

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0050273

Applied For
Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENTHAL, STUART S.
800 E CYPRESS CREEK RD.
SUITE 303
FT. LAUDERDALE FL 33334

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 607.1508, 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 state if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D SOBOTKA, ELFRIEDE**
STREET ADDRESS **195 WHEELIHAN WAY**
CITY-ST-ZIP **CAMPBELLVILLE,ONT,CAN**

1.1 TITLE ☐ Change ☐ Add-on

TITLE ☐ DELETE

12 NAME

NAME

13 STREET ADDRESS

STREET ADDRESS

14 CITY-ST-ZIP

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

22 NAME

NAME

23 STREET ADDRESS

STREET ADDRESS

24 CITY-ST-ZIP

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

32 NAME

NAME

33 STREET ADDRESS

STREET ADDRESS

34 CITY-ST-ZIP

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

42 NAME

NAME

43 STREET ADDRESS

STREET ADDRESS

44 CITY-ST-ZIP

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

52 NAME

NAME

53 STREET ADDRESS

STREET ADDRESS

54 CITY-ST-ZIP

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

62 NAME

NAME

63 STREET ADDRESS

STREET ADDRESS

64 CITY-ST-ZIP

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: **Elfriede Sobotka**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 18, 1996 (905) 854-0656
Date Daytime Phone

CR2E034 (12/95)