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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M95215

(3)

JERROLD I. HORWITZ, P.A.

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Mailing Address

## FILED Apr 28 1997 8:00am Secretary of State



CAN MEDIDALIN							
	I. MORWITZ MADELAND BOULEVARD. #405 8	C/O JERROLD I. HORW 9200 SOUTH DADELANI MIAMI FL 33156-2712		#405	3. Date Incorporated or Qualified	3a. Date of I	
					08/22/1988	04/25/19	996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	,	Applied For
11		[26]			65-0066275		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	.75 Additional ee Required
City & State	3	City & State			6. Election Campaign Financing	\$!	5.00 May Be
:3		28			Trust Fund Contribution		dded to Fees
Zip 4	Country 25	Zip 29	Country 	y	8. This corporation has liability for in Florida Statutes	ntangible tax un Yes 🔲 No	nder s. 199,032,
	9. Name and Address of Curr				10. Name and Address of New Reg		<del></del>
HOD	IWITZ, JERROLD I.		81	Name			
1900	25 S.W. 69TH COURT		<u> </u>				
	MI 33156		82	Street Ado	dress (P.O. Box Number is Not Acceptab	le)	
muv	111 UV 1UU		83				
					·		
			84	City		FL  85	Zip Code
11. Pursuani t	to the provisions of Sections 607.0	502 and 607.1508. Florida Stat	utos the abov	L rc-named cor	rporation submits this statement for the pi	urnose of chang	aina its registeres
office or re	<b>egistered agent, or both, in the Sta</b>	ate of Horida. Such change wa	s authorized b	v the comora	ation's board of directors. I hereby accep	the appointme	ent as registered
•	m familiar with, and accept the obt	gallons of, Section 607,0505,	Florida Statute	·S			
SIGNATURE .	Stonature, typed or printed name of registered a	ations and effect applicable (N	OH: Beastered Ac	ion' Sciendille redu	nired when roughly no)	DATE	
	Signature, typed or printed name of registered.  OFFICERS A	agent and stell application (N NND DIRECTORS	OH : Registered Ag	ion: signidure requ	uired which roinstacing)  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRE	CTORS IN 12
12.	OFFICERS A			ion: Signidure requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC		
12. TITLE	OFFICERS A	AND DIRECTORS	13.	on: signature requ		ERS AND DIRE	
12. TITLE NAME	OFFICERS A  DPS HORWITZ, JERROLD I.	AND DIRECTORS	13. 1.1 TITLE 12 NAME			ERS AND DIRE	
12. TITLE NAME STREET ADDRESS	OFFICERS A DPS HORWITZ, JERROLD I. 12825 S.W. 69TH COURT	AND DIRECTORS	13. 1.1 THE 12 NAME 13 STREE	T ADDRESS		ERS AND DIRE	
12. TITLE NAME STREET ADDRESS CATY-ST-ZIP	OFFICERS A  DPS HORWITZ, JERROLD I.	AND DIRECTORS	13. 1.1 TITLE 12 NAME	T ADDRESS		ERS AND DIRE	hange Addition
12. TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE	DPS HORWITZ, JERROLD I. 12825 S.W. 69TH COURT MIAMI FL T	ND DIRECTORS	13. 1.1 TULE 12 NAME 13 STRIE 1.4 CHY-1 2.1 TRIE	T ADDRESS		ERS AND DIRE	hange Addition
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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 eath; 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 11 if changed, or on an attachment with an address