

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N33734 (7)**

1. Corporation Name

**TRANSFLORIDA EXECUTIVE CENTRE, INC.**

Principal Place of Business

**6950 CYPRESS ROAD  
PLANTATION FL 33317-2361**

Mailing Address

**1921 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33062**



3. Date Incorporated or Qualified

**08/16/1989**

3a. Date of Last Report

**06/13/1995**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

9. Name and Address of Current Registered Agent

**1921 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33062**

2a. Mailing Address

**25**

Suite, Apt. #, etc.

**26**

City & State

**27**

Zip

**28**

Country

**29**

City & State

**30**

Zip

**31**

Country

**32**

City & State

**33**

Zip

**34**

Country

**35**

City & State

**36**

Zip

**37**

Country

**38**

City & State

**39**

Zip

**40**

Country

**41**

City & State

**42**

Zip

**43**

Country

**44**

City & State

**45**

Zip

**46**

Country

**47**

City & State

**48**

Zip

**49**

Country

**50**

City & State

**51**

Zip

4. FEI Number

**65-0177219**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

**81**

Name

**GARY A. POLIAKOFF, J.D.  
C/O BECKER & POLIAKOFF, P.A.**

**82**

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

**3111 Stirling Road**

**83**

**84**

City

**Fort Lauderdale**

**FL**

**85**

Zip Code

**33312**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when not stating)

**6/21/96**

12. OFFICERS AND DIRECTORS

TITLE

**DTS**

☐ DELETE

NAME

**ELIE, EDGAR C**

STREET ADDRESS

**1921 E. ATLANTIC BLVD.**

CITY - ST - ZIP

**POMPANO BCH. FL 33062**

TITLE

**SD**

☐ DELETE

NAME

**ELIE, RICHARD**

STREET ADDRESS

**1921 E. ATLANTIC BLVD.**

CITY - ST - ZIP

**POMPANO BCH. FL 33062**

TITLE

**D**

☐ DELETE

NAME

**ELIE, PAUL**

STREET ADDRESS

**1921 E. ATLANTIC BLVD.**

CITY - ST - ZIP

**POMPANO BCH. FL 33062**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP