## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N95000004395 (8)
1. Corporation Name

OUR TOWN BUSINESS AND PROFESSIONAL ASSOCIATION, INC.

Principal Place	of Business	Mailing Address			1 (BB)1481 EIE 18184 BIIII BB)14 EB141 BB111 BB111 B1111 B1188 14118 B1181 B411 B111 B1
7857 WEST SAMPLE ROAD. #157 CORAL SPRINGS FL 33065		7857 WEST SAMPLE RO CORAL SPRINGS FL 330			
					3. Date Incorporated or Qualified 3a. Date of Last Report 09/11/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address 26			4. FEI Number Applied For Not Applied be Not Applied For Not Applied For Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	<del></del>		5 Octions of Class a Pasient Section 5
22	., , , , , , , , , , , , , , , , , , ,	27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation has liability for intengible tax under s. 199.032,
24	9. Name and Address of Curre	29 29 Agent	30]		Florida Statutes Yes No  10. Name and Address of New Registered Agent
	5. Nume and Padiese of Care	in registored Agont	8	I Name	IV. Hallie and Addiess of New Hegisteles Agent
ALLOOCCA, GEORGE				<u> </u>	
	EST SAMPLE ROAD, #157		8:	2 Street	Address (P.O. Box Number is Not Acceptable)
CORAL SPRINGS FL 33065			8	3	
			8	City	■ 85 Žip Code
				1	FL
or register	o the provisions of Sections 617.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authorized	s, the above d by the cor	-named co poration's	proration submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered ager	t and title if annlinable AVOTE	Registered An	ant signat, va s	ecuired when reinstating.
12.		ND DIRECTORS	13.	on againston	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	ESPOSITO, DAVID S		1.2 NAME		
STREET ADDRESS	7846 WILES ROAD		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33067		1.4 CITY	ST-ZIP	
TITLE	VPD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TULCHIN, HOWARD		2.2 NAME		
STREET ADDRESS	7845 WEST SAMPLE ROAD		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2. 4 CITY	-ST-ZIP	
TITLE	<b>©</b> D	□ DELETE	3.1 TITLE		Change Addition
NAME	STREIT, LEN		3.2 NAME		
STREET ADDRESS	9500 S.W. 1ST COURT		3.3 STREE	T ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		3.4. CITY	-ST-ZIP	
TITLE	T	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALLOCCA, GEORGE		4. 2 NAM	E	
STREET ADDRESS	7857 WEST SAMPLE ROAD,	#157	4.3 STREE	T ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	· · · · · · · · · · · · · · · · · · ·	4.4 CITY		
TITLE		DELETE	5.1 TITLE		S Plate: Change Bladdition
NAME			5.2 NAME	'	LORUN I WILLIAM
STREET ADDRESS			5.3 STREE	T ADDRESS	Janu Plotkin  850 Riverside Dr  Coral Springs, FC 33071  Change   Addition
CITY-ST-ZIP			5.4 CITY	ST-ZIP	COMI Sprwgs, TC 330/1
TITLE		□ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME .			6.2 NAME		
STREET ADDRESS			6.3 STRE	ET ADDRESS	
DITY ST. 7IP			64 City	. CT . 74P	

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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OF GRECTOR

4/23/96

Daytime Phone #