

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P12124

(4)

1. Corporation Name

WILLIAMSBURG-ZLOTOFF, INC.

Principal Place of Business

**2025 W. LONG LAKE ROAD SUITE 104
TROY MI 48068**

Mailing Address

**2025 W. LONG LAKE ROAD SUITE 104
TROY MI 48068**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/13/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

38-2708419

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SINGER, GIORA Y.
6305 WESTWOOD BLVD #200
ORLANDO FL 32821**

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.
TITLE **PD**
NAME **ZLOTOFF, PAUL**
STREET ADDRESS **280 DAINES ST., STE. 300**
CITY-ST-ZIP **BIRMINGHAM MI**

13.
1.1 TITLE **P**
1.2 NAME **Zlotoff, Paul**
1.3 STREET ADDRESS **280 Daines St. - Suite 300**
1.4 CITY-ST-ZIP **Birmingham, MI 48009**

☒ Change ☐ Addition

14.
TITLE **V**
NAME **SINGER, GIORA Y.**
STREET ADDRESS **6305 WESTWOOD BLVD #200**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE **S**
2.2 NAME **Singer, Giora Y.**
2.3 STREET ADDRESS **6305 Westwood Blvd. - Suite 200**
2.4 CITY-ST-ZIP **Orlando, FL 32821**

☒ Change ☐ Addition

15.
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

16.
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

17.
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

18.
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(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 in the report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

Daytime Phone #