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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P34741** (9)

1. Corporation Name
RONALD BLUESTEIN & ASSOCIATES, P.C.

Principal Place of Business
**1530 CHESTNUT ST.
SUITE 606
PHILADELPHIA PA 19102**

Mailing Address
**1530 CHESTNUT ST.
SUITE 606
PHILADELPHIA PA 19102-2733**

3. Date Incorporated or Qualified
07/15/1991

3a. Date of Last Report
04/12/1996

2. Principal Place of Business
21 **1352 Bobarn Drive**

2a. Mailing Address
26 **1352 Bobarn Drive**

4. FEI Number
23-2491932

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 **Narberth, PA**

28 **Narberth, PA**

Zip Country

Zip Country

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

24 **19072** 25 **USA**

29 **19072** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COHEN FRED ESQUIRE
COHEN, CHERNAY NORRIS MORICI ETC.
712 US HIGHWAY ONE 4TH FLOOR
N PALM BEACH FL 33408**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **CDP**
STREET ADDRESS **BLUESTEIN, RONALD**
CITY-STATE-ZIP **1352 BOBARN DR. NARBERTH PA**

TITLE ☐ DELETE
NAME **BLUESTEIN, RONALD**
STREET ADDRESS **1352 BOBARN DR. NARBERTH PA**
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **SIMONS, EILEEN**
CITY-STATE-ZIP **1530 CHESTNUT ST STE 608 PHILADELPHIA PA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ronald Bluestein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

(215) 575-7088

Date

Daytime Phone #

0007743

CR2E034 (9/96)