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

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST-ZIP

C(1Y - ST - 2(P

TITLE

NAMÉ

TITLE

NAME



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthani
Countries of State

|                               | 996   | D D  | Secretary Col<br>IVISION OF COL |                       | NS 2M                |   |   |   |
|-------------------------------|---|--|---------------------------------|-----------------------|----------------------|---|---|---|
| DOCUM<br>1. Corporation N     | ENT # <b>P930</b> 0   | 000822   | 63 (3)                          |                       |                      |   |   |   |
| •                             | ARD STOBINSKY, P.A.   |  |                                 |                       |                      |   |   |   |
| Principal Place o             | f Business  | Mailing Add                                    | ess                             |                       |                      |   | \$1 <b>0</b> \$111 <b>0</b> \$1 <b>\$</b> 1 3\$110 1101 | A IIEIA BIIDB IIII IABI                   |
| 371 NW 101<br>CORAL SPRI      | st terrace<br>NGS FL 33071  | 371 NW 101ST TERRACE<br>CORAL SPRINGS FL 33071 |                                 |                       |                      |   | 3a. Date of Las   | t Report                                  |
|                               |   |  |                                 |                       |                      | 3. Date Incorporated or Qualified 11/22/1993  |   | /1995                                     |
| 2. Principal Plac             | e of Business   | 2a. Mailing Address                            |                                 |                       |                      | 4. FEI Number<br>65-0448576   | Applied For Not Applicable                              |   |
| Suite, Apt. #,                | etc.  | Suite, Apt. #, etc.                            |                                 |                       |                      | 5. Certificate of Status Desired  |   | 75 Additional<br>se Required              |
| City & State                  |   | City & State                                   |                                 |                       |                      | Election Campaign Financing     Trust Fund Contribution                                 | L Ac  | .00 May Be<br>ided to Fees                |
| Ζiρ                           | Country 25  | Z <sub>[5]</sub>                               | Zip Country                     |                       | /                    | 8. This comporation has liability for intangible tax under s 199 032, Florida Statutes  |   |   |
| 24                            | 9. Name and Address of Curre  |  |                                 |                       |                      | 10. Name and Address of New R   | egistered Agent   |   |
| 371 NV                        | ISKY, LEONARD<br>V 101ST TERRACE<br>SPRINGS FL 33071                            |  |                                 | 83                    |                      | oress (P.O. Box Number is Not Acceptal:   | 85  | Zıp Code                                  |
|                               |   |  |                                 | 84                    | 1 7                  |   | FLI   | ,   |
| or registere<br>familiar with | id agent, or both, in the State of his<br>n, and accept the obligations of, Sec | tion 607.0505, Flo                             | orida Statutes                  | by the con            | portion o e e        | oration submits this statement for the pur<br>pard of directors. Thereby accept the app | pose of changing<br>cintment as registe<br>pare         | its registered office<br>pred agent. I am |
|                               | Signar in the Section printed remaindred expressions                            | ri astroctaixisdo:<br>ND DIRECTORS             | (fv:ft                          | Hogranid A.:<br>■ 13. | out signature techni | ADDITIONS/CHANGES TO OFF  |   | DTORS IN 12                               |
| 12.                           | P OF IOCHS A  |  | DELETE                          | 1 3 1111              |                      |   | ☐ Cnar  | nge 🔲 Addition                            |
| NAMÉ                          | STOBINSKY, LEONARD  |  |                                 | 1.2 NAME              | ŀ                    |   |   |   |
| STREET ADDRESS                | 371 NW 101ST TERRACE  |  |                                 | •                     | FF ADORESS           |   |   |   |
| CITY-ST ZIP                   | CORAL SPRINGS FL 3307   |  | 7.05.11                         | 1.4 CHY               |                      |   | Chai  | nce                                       |
| TITLE                         |   | L  | ] DELETE                        | 2 1 THU<br>22 NAM     |                      |   | U *   |   |
| NAME                          |   |  |                                 |                       | ET ADDRESS           |   |   |   |
| STREET ADDRESS                |   |  |                                 | 2.4 City              |                      |   |   |   |
| CITY-ST-ZIP<br>TITLE          |   |  | DELETE                          | 3 1 TITL              |                      |   | ☐ Cha   | nge 🔲 Addition                            |
| NAME                          |   |  |                                 | 3.2 NAM               | E                    |   |   |   |
| STREET ADDRESS                |   |  |                                 | 33 STR                | EF1 ADDRESS          |   |   |   |
| CITY-ST-ZIP                   |   |  |                                 | 3.4 City              |                      |   | ☐ Cha   | inge 🗍 Addition                           |
| THTLE                         |   |  | _ DELETE                        | 4 1 IIII.             |                      |   | LJ Clic   | ings [] Noon on                           |
| 1                             |   |  |                                 | # 4 3 N 185           |                      |   |   |   |

64 CHY-St ZIP

14. If 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 undor 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.

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADORESS

5.4 CHY - \$1 - 7IP

4.4 CITY | ST-ZIP

5 1 Tille

5.2 NAME

6 1 11'11

6.2 NAME

DELFTE

DELETE

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE FOR DIRECTOR

- 4/22/96 - 752-1106

\_\_\_ Change

Addition

Change Addition

CR2E034 (12/95)