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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000082701 (2)**

1. Corporation Name

LINDA JOFFE & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1800 S AUSTRALIAN AVE SUITE 205 WEST PALM BEACH FL 33409	1800 S AUSTRALIAN AVE SUITE 205 WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified: **12/03/1993**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0459298** ☐ 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
21 500 S. AUSTRALIAN AVE	26 500 S. AUSTRALIAN AVE
22 Suite, Apt. #, etc. SUITE 120	27 Suite, Apt. #, etc. SUITE 120
23 City & State WEST PALM BEACH, Florida	28 City & State WEST PALM BEACH, FL
24 Zip 33401 25 County	29 Zip 33401 30 Country

9. Name and Address of Current Registered Agent

~~PAINE, JEFFREY A~~
~~1800 S AUSTRALIAN AVE~~ 500 S. AUSTRALIAN AVE
~~SUITE 205~~ SUITE 120
~~WEST PALM BEACH FL 33409~~ WEST PALM BEACH, FL. 33401

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of Registered Agent and title, if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAINE, JEFFREY A 500 S. AUSTRALIAN ~~1800 S AUSTRALIAN AVE SUITE 205~~ STE 120 WEST PALM BEACH FL ~~33409~~ 33401 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOFFEE, LINDA 500 S. AUSTRALIAN ~~1800 S AUSTRALIAN AVE #205~~ STE 120 WEST PALM BCH FL 33401 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 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: Linda Joffe pursuant (LINDA JOFFE, PRES.) 4/25/96 614-236-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0254614 CP