## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000086362 (9)

ELY DROGIN, P.A.

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Principal Place of Business Mailing Address 7535 LA PAZ COURT 7535 LA PAZ COURT **BOCA RATON FL 33433 BOCA RATON FL 33433-6059** 3. Date Incorporated or Qualified 3a, Date of Lest Report 04/09/1996 01/03/1994 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 21 11-2249660 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTRD Name 343 ALMERIA AVE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City Zip Code Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable acceptable acceptable. It is statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable acceptable. It is statement for the purpose of changing its registered acceptable acceptable. It is statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable. It is statement for the purpose of changing its registered acceptable a 11. Pursuant to the provisions office or registered age agent. I am familiar with **SIGNATURE** Signature, typed (\*) "d name of r , stered ager. ⇒ title il applicable. (NO1E: Registered Agent signature required when reinstating) DATE **ERS AND DIRECTORS** 12. OFF ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE \_\_\_ Addition 1.1 TITLE Change DROGIN, ELI NAME 1.2 NAME 7535 LA PAZ COURT STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE TITLE 21 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE TITLE 4.1 TITLE Change Addition

64 CITY-ST-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 appual 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 or an attachment with an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - S1 - ZIP

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**FILED** 

Jun 19 1997 8:00am

Secretary of State