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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000000210 (2)

ROBERT M. BULFIN, P.A.

2826 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306

Principal Place of Business

Mailing Address

2826 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306



						<ol> <li>Date incorporated or Qualified</li> <li>12/22/1993</li> </ol>		of Last Report 101/1995	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number		Applied F	For
21	.]		.]			65-0456744		Not Appl	licable
Suite, Apt. #, etc.		27]	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State			City & State		***************************************	6. Election Campaign Financing		\$5.00 May E	Be
23		[88]				Trust Fund Contribution	Ц	Added to Fee	:S
Zip	Country Zip			Country		8. This corporation has liability for intangible tax under s 199.032,			
24	25	29		30		Florida Statutes			
	9. Name and Addre	ess of Current Regist	ered Agent		T	10. Name and Address of New R	egistered A	gent	
				81	Name				
Bulfin, Robert M					82 Street Address (P.O. Box Number is Not Acceptable)				~ <del></del>
2826 E.	.VD.		-						
FT. LAUC			83	3					
								7 0 Code	
				84	City		FI	85 Zip Code	
or registere familiar with SIGNATURE	o the provisions of Sect ed agent, or both, in tho h, and accept the obliga Signature, typed or printed name	e State of Florida. Such ations of, Section 607.0	change was authorize 1505, Florida Statutes	ed by the corp	oration's boa	ration submits this statement for the pur and of directors. I hereby accept the appropriate the pure state of the state of	pose of char ointment as r	ging its registered egistered agent. I	d office I am
12.		DEFICERS AND DIRECT		13.	Togress o oqui	ADDITIONS/CHANGES TO OFF		DIRECTORS IN 1:	2
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NAME	BULFIN, ROBERT	· м		12 NAME			-		
STREET ADDRESS 2826 E. OAKLAND PARK BLVD.				1.3 STREET ADDRESS					
ET LAUDEDDALE EL ANNA				1.4 CITY-ST-712					
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			LJ DECEN	2.2 NAME			L	onange	
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STREET ADDRESS					I ADDRESS				
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NAME				3.2 NAME					
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NAME				4.2 NAME					
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NAME	ļ			5.2 NAME			06303	7	
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CITY-ST-7IP				5.4 CHY-	\$1-ZIP		<u> </u>		
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NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE	T ADDRESS				
CITY-ST-ZIP				64 CITY-	S1-2IP				
14. I do hereb	y certify that the information	ation supplied with this	filing is voluntarily furn	ished and do	es not qualify	for the exemption stated in Section 119	.07(3)(k), Flor	da Statutes. I fur	ther

ortify 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE FOR DIRECTOR

4/30/26 (854)5637143