

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000004738 (8)**

1. Corporation Name:

ALLEN L. JACOBI, P.A.

Principal Place of Business:

**1313 NE 125 ST
N MIAMI FL 33161**

Mailing Address:

**1313 NE 125 ST
N MIAMI FL 33161**



2. Principal Place of Business:

2a. Mailing Address:

21 **11077 Biscayne Blvd**

26 **11077 Biscayne Blvd.**

State: Apt. #, etc.

State: Apt. #, etc.

22 **200**

27 **200**

City & State:

City & State:

23 **miami FL**

28 **miami FL**

Zip:

Zip:

24 **33161**

29 **33161**

Country:

Country:

25 **DADE**

30 **DADE**

9. Name and Address of Current Registered Agent

**JACOBI, ALLEN L
1313 NE 125 ST
N MIAMI FL 33161**

3. Date Incorporated or Qualified

01/07/1994

3a. Date of Last Report

07/31/1996

4. FEI Number

APPLIED FOR

☒ 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

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 607.1502, 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:

Allen L. Jacobi

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-STATE-ZIP

37. TITLE

38. NAME

39. STREET ADDRESS

40. CITY-STATE-ZIP

SIGNATURE: *Allen L. Jacobi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)