

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 17 AM 8:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000025694 (8)

1. Corporation Name

ISICOFF & RAGATZ, P.A.

**400001410474
-02/20/95--01065--024
****200.00 ****200.00**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
1101 BRICKELL AVE. SUITE 704 MIAMI FL 33131		1101 BRICKELL AVE. SUITE 704 MIAMI FL 33131	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Zip	
24		29	
Country		Country	
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
04/04/1994	
4. FEI Number	Applied For
65-0480636	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☐ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BAYER, NEIL 3184 VIRGINIA STREET COCONUT FL 33133		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

Signature (typed or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	ISICOFF, ERIC D	12 NAME	
STREET ADDRESS	1101 BRICKELL AVE., SUITE 704	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33131	14 CITY - ST - ZIP	
TITLE	D	2. TITLE	☐ Change ☐ Addition
NAME	RAGATZ, TERESA	22 NAME	
STREET ADDRESS	1101 BRICKELL AVE., SUITE 704	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33131	24 CITY - ST - ZIP	
TITLE		3. TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 110.07(3)(b), 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 correct), or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric D. Isicoff

DATE

1-16-95

Telephone Number

305-373-3232