## 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

P94000030275 (9)

DOCUMENT # P9400

1. Corporation Name

ZEITLIN ASSOCIATES, INC.

Principal Place of Business Mading Address 8358 W. OAKLAND PK. BLVD 8358 W. OAKLAND PK. BLVD. SUITE 101 SUITE 101 SUNRISE FL 33351 SUMPISE FL 33351 3a. Date of Last Report 3. Date Incorporated or Qualified 09/25/1995 04/18/1994 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0487244 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired  $\Gamma$ Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intengible tax under s. 199 032, Country Country Zιρ ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) ZEITLIN, STACEY 82 8358 W OAKLAND BLVD. 83 SUNRISE FL 33351 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Change Addition DELETE 1.131/06 TITLE ZEITLIN, STACEY 1.2 NAME NAME 201 N UNIVERSITY DR SUITE 114 1.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 33324 1.4 CITY - \$1 - ZIP CITY - ST - ZIP [ ] Change Addition DELF IE 2.11JHE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 City - ST - Ziff CITY-ST-ZIP Addition Change ☐ DELETE 3 1 JULE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - \$1 - ZIP CITY - ST - ZIP Addition Change DELETE 4 1 TITLE TITLE 4.2 NAME NAMÉ 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - \$1 - ZiP CITY - ST - ZIP | Add from Change DELETE 5 1 FILLS TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

6101Y-S1-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 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 certify that the information indicated on this annual report or trustee enjowered 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 attachine with an address.

5.4 City - ST-ZIP

6.3 STREET ADDRESS

6 1 THE

6.2 NAME

SIGNATURE

CITY - S1 - ZIP

STREET ADDRESS

TITLE

NAME

SHUTY LETTEN OR PRINTED I

ME OF SIGNING OF ICEPYOR DIRECTOR

DELETE

1/96 300 7468996

Change Addition

CR2E034 (12/95)