

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

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA 32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000031984 (5)

95 MAY -1 PM 1:49

HOWARD STORFER, M.B.A., P.A.

Business Howard Storfer, P.A. Mailing Address
A Professional Association
5440 N.W. 55TH BLVD. 3111 University Dr. #725
#11-208 Coral Springs, FL 33065 #11-208
COCONUT CREEK FL 33073 COCONUT CREEK FL 33073

Howard Storfer, P.A.
A Professional Association
3111 University Dr. #725
Coral Springs, FL 33065

2. Principal Office Location		2a. Mailing Address		3. Date of Report		3a. Date of Last Report	
21		26		04/27/1994		36	
22		27		4. Filing Number		Applied For	
23		28		65-0495227		Not Applicable	
24		29		5. Certificate of Initial Demand		\$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
26		31		7. Does corporation have liability for other people's actions or property?		Yes ☒ No ☐	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FILINGS INC. 3732 N.W. 16TH ST. FT. LAUDERDALE FL 33311				81 Name 82 Street Address 83 City 84 State 85 Zip Code			

11. I, the undersigned, being duly sworn, depose and say that the above named corporation is a corporation organized under the laws of the State of Florida, and that the undersigned is a duly authorized officer or agent of said corporation, and that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am not aware of any untrue or misleading information contained herein.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	STORFER, HOWARD	NAME	
ADDRESS	11-208, 5440 N.W. 55RD BLVD.	ADDRESS	
CITY	COCONUT CREEK FL 33073	CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
ADDRESS		ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
ADDRESS		ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
ADDRESS		ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
ADDRESS		ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	

REMITTED BY MAY 1

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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 on the oath that each officer or director of this corporation or the receiver or trustee is required to make before filing the report as required by Chapter 119, Florida Statutes, and that my name appears in Block 1, on Block 1.01, highest on, or as an alternate with an address.

SIGNATURE: *Howard Storfer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR