

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

FILED
Apr 20 1996 8:00 am
Secretary of State

DOCUMENT # P94000031984 (5)

1. Corporation Name

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

Principal Place of Business

5440 N.W. 55TH BLVD.
#11-208
COCONUT CREEK FL 33073

Mailing Address

5440 N.W. 55TH BLVD.
#11-208
COCONUT CREEK FL 33073

2. Principal Place of Business

21 3111 University Dr

Suite, Apt., etc.

22 Suite 725

City & State

23 Coral Springs, FL

Zip

24 33065

Country

25 Bruw

2a. Mailing Address

26 Suite, Apt., etc.

27 City & State

28

Zip

29 33065

Country

30

9. Name and Address of Current Registered Agent

FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311

3. Date Incorporated or Qualified

04/27/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0495227

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

Scott Stadler P.A.

3111 University Dr, Suite 725

Coral Springs

FL

85 Zip Code

33065

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

Printed Name of Agent Signature is required when changing

Date

4/17/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME STORFER, HOWARD
STREET ADDRESS 11-208, 5440 N.W. 55RD BLVD.
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE VICE PRESIDENT
NAME SCOTT J. STADLER
STREET ADDRESS 3111 University Drive, Suite 725
CITY-ST-ZIP Coral Springs, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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***200.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

954-481-2996

CR2E034 (12/95)