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 # P94000047255 (2)

1. Corporation Name

CHIKOVSKY & SHAPIRO, P.A.

Principal Place of Business	Mailing Address
~~616 NORTH ISLAND~~ ~~GOLDEN BEACH FL 33160~~	~~616 NORTH ISLAND~~ ~~GOLDEN BEACH FL 33160~~

2. Principal Place of Business	2a. Mailing Address
21 1720 Harrison St.	26 1720 Harrison St
Suite, Apt. #, etc. 22 7Th Floor	Suite, Apt. #, etc 27 7Th Floor
City & State 23 Hollywood FL	City & State 28 Hollywood, FL
Zip 24 33020 Country 25 Broward	Zip 29 33020 Country 30 Broward

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report: 04/18/1995
4. FEI Number: 65-0504055 ☐ 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

9. Name and Address of Current Registered Agent

~~CHIKOVSKY, FRED~~
~~616 NORTH ISLAND~~
~~GOLDEN BEACH FL 33160~~

10. Name and Address of New Registered Agent

81 Name: Fred Chikovsky
82 Street Address (P.O. Box Number is Not Acceptable): 1720 Harrison Street
83 7Th Floor
84 City: Hollywood FL 85 Zip Code: 33020

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: Fred Chikovsky, V. Pres. DATE: 3/29/96

12. OFFICERS AND DIRECTORS

TITLE	DPST	☐ DELETE
NAME	SHAPIRO, JAMES J	
STREET ADDRESS	~~616 NORTH ISLAND~~	
CITY-ST-ZIP	~~GOLDEN BEACH FL 33160~~	
TITLE	DV	☐ DELETE
NAME	CHIKOVSKY, FRED	
STREET ADDRESS	~~616 NORTH ISLAND~~	
CITY-ST-ZIP	~~GOLDEN BEACH FL 33160~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1720 Harrison Street, 7ThFloor	
1.4 CITY-ST-ZIP	Hollywood, FL 33020	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1720 Harrison Street, 7Th Floor	
2.4 CITY-ST-ZIP	Hollywood, FL 33020	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(i), 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: _____ 3/29/96 954-920-4438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Fred Chikovsky, V. Pres.