

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 # **P94000055589 (3)**

1. Corporation Name

**ALLAN GOTTESMAN PA**



Principal Place of Business

**10326 QUITO ST  
COOPER CITY FL 33026**

Mailing Address

**10326 QUITO ST  
COOPER CITY FL 33026**

3. Date Incorporated or Qualified  
**07/27/1994**

3a. Date of Last Report  
**04/27/1995**

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

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOTTESMAN, ALLAN  
10326 QUITO ST  
COOPER CITY FL 33026**

61

Name

62

Street Address (P.O. Box Number is Not Acceptable)

63

64

City

FL

65

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 (the printed name is not required if the signature is not applicable)

2001 Registered Agent signature required when not stating

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**P  
GOTTESMAN, ALLAN  
10326 QUITO STREET  
COOPER CITY FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

25

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

35

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

45

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

55

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

65

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:

*Allan Gottesman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALLAN GOTTESMAN**

Date: **4/25/96** 959-416-3666

CR2E034 (12/95)