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 # **P94000056886 (2)**

1. Corporation Name
H. MARGOLIN, INC.

Principal Place of Business	Mailing Address
324 N DALE MABRY HWY SUITE 101 TAMPA FL 33609	324 N DALE MABRY HWY SUITE 101 TAMPA FL 33609

3. Date Incorporated or Qualified: **07/29/1994**
3a. Date of Last Report: **06/12/1995**

2. Principal Place of Business
21: 14011 Middleton Way
22 Suite, Apt. #, etc.: c/o John W. Feyl
23 City & State: Tampa FL
24 Zip: 33624
25 Country: US

2a. Mailing Address
26: 14011 Middleton Way
27 Suite, Apt. #, etc.: c/o John W. Feyl
28 City & State: Tampa FL
29 Zip: 33624
30 Country: U.S.

4. FEI Number: **59-3268858** ☐ Applied For ☐ Not Applicable

5. Old Florida Document Number 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

MARGOLIN, HOWARD
324 N DALE MABRY HWY SUITE 101
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PV	☐ DELETE
NAME	MARGOLIN, HOWARD	
STREET ADDRESS	15208 WINTERWIND DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	STD	☐ DELETE
NAME	MARGOLIN, HOWARD	
STREET ADDRESS	15208 WHINERWIND DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
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		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions 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 added above or on an attached sheet with an address.

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

Date _____

CR2E034 (12/95)