

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P94000062292 (5)

1. Corporation Name

JOHN S. TENENHOLTZ, P.A.

95 JUL 25 AM 9:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

2600 DOUGLAS RD.
SUITE 1102
CORAL GABLES FL 33134

Mailing Address

2600 DOUGLAS RD.
SUITE 1102
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1994

3a. Date of Last Report

4. FEI Number

65-0528774

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

2. Principal Place of Business

21 2600 DOUGLAS RD.

2a. Mailing Address

26 2600 DOUGLAS RD.

Suite, Apt. #, etc.

22 PENTHOUSE TWO

Suite, Apt. #, etc.

27 PENTHOUSE TWO

City & State

23 CORAL GABLES, FL

City & State

28 CORAL GABLES, FL

Zip

24 33134

Country

25 USA

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

TENENHOLTZ, JOHN S
2600 DOUGLAS RD.
SUITE 1102
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

JOHN S. TENENHOLTZ

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

2600 DOUGLAS RD.

83

PENTHOUSE TWO

84 City

CORAL GABLES

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607.061 and 607.1708, 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 607.055, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and date of appointment

JOHN TENENHOLTZ

7/18/95

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
D
NAME
TENENHOLTZ, JOHN S
STREET ADDRESS
2600 DOUGLAS RD., SUITE 1102
CITY ST ZIP
CORAL GABLES FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12)

11 TITLE
D, O
12 NAME
TENENHOLTZ, JOHN S
13 STREET ADDRESS
2600 DOUGLAS RD., PENTHOUSE TWO
14 CITY - ST - ZIP
CORAL GABLES, FL 33134
☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change

☐ Addition

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 110.07(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

JOHN TENENHOLTZ

7/18/95

305-442-1699

(Type Name & Title)