

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P94000070366 (7)**

1. Corporation Name

WENDY A. SEIDLIN, P.A.

95 FEB 24 PM 3:38

Principal Place of Business

**8701 GATEHOUSE RD
PLANTATION FL 33324**

Mailing Address

**8701 GATEHOUSE RD
PLANTATION FL 33324**

PLEASE WRITE IN THIS SPACE

3. Date of Incorporation or Reincorporation

09/23/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FIC Number

65-0529218

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

8. This corporation has filed a statement of financial condition under 5-120 FIC, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SEIDLIN, WENDY A ESQ
8701 GATEHOUSE RD
PLANTATION FL 33324**

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 607.1508, Florida Statutes, the above named corporation submits the 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 of Agent or Principal Place of Business (if registered agent is not a corporation)

Signature of Registered Agent (if agent is not a corporation)

12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY, ST, ZIP

**DP
SEIDLIN, WENDY A
PO BOX 19255 N/A
PLANTATION FL 33318-0255**

12.4 NAME

12.5 STREET ADDRESS

12.6 CITY, ST, ZIP

**VST
SEIDLIN, WENDY A
PO BOX 19255 N/A
PLANTATION FL 33318-0255**

12.7 NAME

12.8 STREET ADDRESS

12.9 CITY, ST, ZIP

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY, ST, ZIP

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY, ST, ZIP

12.16 NAME

12.17 STREET ADDRESS

12.18 CITY, ST, ZIP

12.19 NAME

12.20 STREET ADDRESS

12.21 CITY, ST, ZIP

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY, ST, ZIP

13.1 NAME

13.2 STREET ADDRESS

13.3 CITY, ST, ZIP

13.4 NAME

13.5 STREET ADDRESS

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13.26 STREET ADDRESS

13.27 CITY, ST, ZIP

13.28 NAME

13.29 STREET ADDRESS

13.30 CITY, ST, ZIP

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 Sections 190.01(1)(b) Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct 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 liquidator empowered to file this report as required by Chapter 661, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (OFFICER OR DIRECTOR)

Wendy Seidl

2/19/95 305-4745612