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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000094323 (0)

DOCUMENT #

1. Corporation Name

J.A. EP	STEIN, CPA, P.A.				\* <del></del>		
Principal Place of	of Business	Mailing Address				* 16 25 19 45 11 11 11 11 11 11 11 11 11 11 11 11 11	110 10117 01000 HIND FINDS THE FEEL
700 SE 3 AVE FT LAUDERDALE FL 33316		700 SE 3 AVE FT LAUDERDALE FL 33316					
						3. Date Incorporated or Qualified 3a. 01/01/1995	Date of Last Report
Principal Place of Business 21		2a, Mailing Address 26				4. FEI Number 65 - 0545634	Applied For Not Applicable
Suite, Apt #. etc. Frook		Suite, Apt #. etc. Frook				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
Zip	Country	Zφ	30	untry	<del></del>	8. This corporation has liability for intanging Florida Statutes Yes \(\sigma\)	ole tax under s. 199.032, lo
24	25   g Name and Address of Curr	29 29 Agent	130	1		10. Name and Address of New Registe	
	5. Hame and Address of Cult	on registered rigent		81	Name		
EPSTEIN, JOSEPH A				82	l	ress (P.O. Box Number is Not Acceptable)	
700 SE 3	3 ave Jerdale fl 33316			83			
11 2102				84	City		FI 85 Zip Code
familiar with SiGNATURE	h, and accept the obligations of, Signature, typed or product oan electrospetered a	ection 607.0505, Florida S प्रभा बाली प्राच्या काला जा ज	MOTE Register	-1 Age		ard of directors. Thereby accept the appointme	x'E
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D COSTON IOCEDIA	DELF		TITLE			☐ change ☐ Addition
NAME	EPSTEIN, JOSEPH A			NAME			
STREET ADDRESS	700 SE 3 AVE FT LAUDERDALE FL 33310	2			T ADDRESS		
CITY-ST-7iP	FI LAUDERDALE PL 3331	DELE		TITLE	ST-ZIP		Cnange Addition
TITLE				NAME			
NAME					T ADDRESS		
STREET ADDRESS					ST- ZIP		
CITY+ST+ZIP TITLE		☐ DEG		TITLE			Change Addition
NAME		٠٠٠	•	NAME	ĺ		
STREET ADDRESS			33	STREE	ET ADORESS		
City-St-ZiP					ST-ZIP		
TITLE		☐ DEL		TITLE			Change Addition
NAME			42	NAME			
STHEET ADDRESS			43	STREE	T ADDRESS		
CITY+ST-ZIP				CITY -	ST-ZIP		
ŤIŤL€		□ DEi	5 ·	THEE			Change Addition
NAME			52	NAME			
STREET ADDRESS			5.3	STREE	EL ADORESS		
CITY-ST-ZIP					SF-ZIF		<b>5</b> 6 <b>5</b> 1423
TITLE		DEL DEL		THLF	1		Change Addition
NAME				NAME	t		
STREET ADDRESS			63	STREE	ET ADDRESS		
CITY - ST - 7PP			6.4	C-TY-	S1-ZiP		

14. If 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 arrival 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 directly 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 to an apartment with an address.

SIGNATURE:

SHE AND TYPED OR PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR

TO LE PLA A. F. P.S. OF TO

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