

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000005506 (7)

1. Corporation Name

DOMBROW & ASSOCIATES, P.A.



Principal Place of Business

1600 W OAKLAND PARK BLVD
2ND FLOOR
FT LAUDERDALE FL 33310

Mailing Address

1600 W OAKLAND PARK BLVD
2ND FLOOR
FT LAUDERDALE FL 33310

2. Principal Place of Business

21 2009 MAPLEWOOD DR

Suite, Apt., etc.

22 City & State

23 CORAL SPRINGS FL

24 Zip

33071

Country

25 BROWARD

2a. Mailing Address

26 2009 MAPLEWOOD DR

Suite, Apt., etc.

27 City & State

28 CORAL SPRINGS FL

Zip

33071

Country

30 BROWARD

3. Date Incorporated or Qualified

01/23/1995

3a. Date of Last Report

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

AUSTIN, SCOTT R
100 NE THIRD AVE
SUITE 850
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name ALLAN B. DOMBROW
82 Street Address (P.O. Box Number is Not Acceptable)
2009 MAPLEWOOD DRIVE
83
84 City CORAL SPRINGS FL 85 Zip Code 33071

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 of registered agent (and then if applicable)

ALLAN DOMBROW

(NOTE: Registered Agent's signature required when removing)

4/29/96

(Date)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS DOMBROW, ALLAN B
CITY-ST-ZIP 1600 W OAKLAND PARK BLVD 2ND FLOOR
FT LAUDERDALE FL 33310

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

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 ALLAN B. DOMBROW
1.3 STREET ADDRESS 2009 MAPLEWOOD DRIVE
1.4 CITY-ST-ZIP CORAL SPRINGS FL 33071

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature of officer or director
ALLAN DOMBROW 7/29/96

954-755-0725

(Typed Name)

CR2E034 (12/95)