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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000005506 (7)**

1. Corporation Name
DOMBROW & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
2009 MAPLEWOOD DR 2ND FLOOR CORAL SPRINGS FL 33071 US	2009 MAPLEOWOD DR 2ND FLOOR CORAL SPRINGS FL 33071-5916 US

3. Date Incorporated or Qualified: 01/23/1995
3a. Date of Last Report: 05/01/1996

4. FEI Number: APPLIED FOR ☐ 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	2a. Mailing Address
21 5434 WEST SAMPLE ROAD	26 5434 WEST SAMPLE ROAD
22 Suite, Apt. #, etc. SUITE # 239	27 Suite, Apt. #, etc. SUITE # 239
23 City & State MARGATE FL	28 City & State MARGATE FL
24 Zip 33073 25 Country USA	29 Zip 33073 30 Country USA

9. Name and Address of Current Registered Agent

DOMBROW, ALLAN B.
2009 MAPLEWOOD DRIVE
SUITE 850
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name: DOMBROW, ALLAN B.
82 Street Address (P.O. Box Number is Not Acceptable): 5434 WEST SAMPLE ROAD
83: SUITE 239
84 City: MARGATE FL 85 Zip Code: 33073

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: Dombrow — 4/25/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	DOMBROW, ALLAN B.	1.2 NAME	DOMBROW, ALLAN B.
STREET ADDRESS	2009 MAPLEWOOD DRIVE	1.3 STREET ADDRESS	5434 WEST SAMPLE ROAD #239
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	MARGATE FL 33073
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption 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 on an attachment with an address.

SIGNATURE: Allan B Dombrow 4/25/97 (954) 344-2