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PROFIT CORPORATION **ANNUAL REPORT**



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

1996

DOCUMENT #
1. Corporation Name P95000007968 (7)

| Corporation Name | |
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| MARVIN HOLZMAN. | INC. |

| SSS WATERFORD AVE TAMARAC FL 33321 | | | | | | | | |
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| TAMARAC FL 33221 2. Principa Place of bluviers 2. Anting Address Solid, A.P. a., etc. Solid, A.P. a., etc. | Principal Place of Business Maling Address | | | | | r robstrode ald dieder dalen dieder delet dieder | ABINY BONN \$600 (A | ain idisa disah idik 1021 |
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| 20 | | | | | | 01/26/1995 | 3a. Date of I | ast Report |
| Suite | 2. Principal Pl. | ace of Business | - , - | | | 4. FEI Number | 64 | |
| Coly & State | Suite, Apt. | #, etc. | | | | | | -l |
| 28 | 22 | | 27 | | | 5. Certificate of Status Desired | | |
| Zep | 23 City & State | 2 | <u>⊢</u> | | | , - | | |
| Name and Address of Current Registered Agent | Zip | h | Zip | | try | 8. This corporation has liability for it | ntangible tax ur | |
| HOLZMAN, MARYN 8355 WATERFORD AVE. TAMARAC FL 33321 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florids Statutes. The above registered against, or both, in the State of Florids. Statutes state above registered against, or both, in the State of Florids. Statutes state above registered against, or both, in the State of Florids. Statutes state above registered against, or both, in the State of Florids. Statutes state above registered against, or both, in the State of Florids. State of Florids. Statutes state above registered against, or both, in the State of Florids. State of Flo | | | | 30 | | | | |
| BLZMAN, MARTN 835 WATERFORD AVE. TAMARAC FL 33321 88 84 City | | o. June 2112 Touries of Outli | in riogistered Agent | | R1 Name | 10. Name and Address of New R | egistered Age | nt |
| ### State Address IP O. Box Number is Not Acceptable. ### State Address IP O. Box Number is Not Acceptable. ### State Address IP O. Box Number is Not Acceptable. ### City | HOI 7M/ | AN MARVIN | | | o i Name | | | |
| TAMARAC FL 33321 11. Pursuant to the provisions of Sections 607,0502 pan 607,1508 Finite State the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florion. Such change one authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. AMARAC FL 33321 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES T | | | | [| 32 Street Add | lress (P.O. Box Number is Not Acceptabl | e) | |
| 11. Pursuant to the provisions of Sections 607,0002 and 607,1508. Florida Statutes, the above named corporation's submiss this statement for the purpose of changing its registered office dramition with, and about the obligations of Scioton 507,0002. Florida Statutes, the above named corporation's board of directors. I hereby accept this appointment as registered agent I am state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am state accept the appointm | | | | - | 33 | | | |
| TI. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statuties, the above named corporation submits this statoment for the purpose of changing its registered diffice familiar with an above the obligations of Section 507.0505. Florida Statuties SIGNATURE SUMMAN and above the obligations of Section 507.0505. Florida Statuties SIGNATURE SUMMAN And above the obligations of Section 507.0505. Florida Statuties SIGNATURE SUMMAN AND STATE TO SECTION STATE AND DESCRIPTION STATE AND DESCRIPTION STATE ADDITIONS/CHANGES TO OFFICERS AND DESCRIPTION STATE TILE D | | | | | | | | |
| 11. Pursiant to the provisions 67 Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office for registered agent, or both, in the Status of Plania, Such orbange was anti-ording by the corporation's board of directors. I hereby accept the appointment as registered agent. I am SIGNATURE SUMMAR | | | | | Gity City | | E1 8 | Zip Code |
| SUMMAND SUMM | 11. Pursuant to or registere familiar wit | o the provisions of Sections 607.050 ed agent, or both, in the State of Floh, and accept the obligations of Sec | 2 and 607.1508, Florida State rida, Such change was author trion 307.0505, Florida State | utes, the abov | e named corpo irporation's boa | ration submits this statement for the purp and of directors. I hereby accept the appo | | g its registered office stered agent. I am |
| Title | | | and the sound of t | #S. | | | | _ |
| Title | 313.47.10 12 | Signature, hyped or printed name of registered age | प्रति च पत्रि संविधानुको स्वर्णाः । | NO'E Begedered A | gent signature reguire | ad when reinstating) | DATE | |
| NAME | | OI HOLHS AI | ND DIRECTORS | | | | CERS AND DIR | ECTORS IN 12 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR

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