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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000011907 (9)

1. Corporation Name:
D.A. FELDMAN & ASSOCIATES, INC.

Principal Place of Business

~~8001 S. OCEAN DRIVE~~
~~SUITE 12X~~
~~HOLLYWOOD FL 33019~~

Mailing Address

~~8001 S. OCEAN DRIVE~~
~~SUITE 12X~~
~~HOLLYWOOD FL 33019 2805~~



2. Principal Place of Business

21 131 NE 40TH CT.

Suite, Apt. #, etc.

22 #205

City & State

23 OAKLAND PARK, FL

Zip

24 33334

Country

25 USA

2a. Mailing Address

26 2805 E. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

27 SUITE 151

City & State

28 FORT LAUDERDALE, FL

Zip

29 33306

Country

30 USA

3. Date Incorporated or Qualified

01/24/1995

3a. Date of Last Report

04/18/1996

4. FEI Number

65-0551915

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

KURZWEIL, HOWARD E ESQ.
328 MINORCA AVENUE
SECOND FLOOR
CORAL GABLES FL 33134

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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D FELDMAN, DOUGLAS A PH.D.

STREET ADDRESS ~~8001 S. OCEAN DRIVE, SUITE 12X~~ 131 NE 40TH CT.

CITY - ST - ZIP ~~HOLLYWOOD FL 33019~~ #205, OAKLAND PK, FL 33334

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

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

131 NE 40TH CT., #205

OAKLAND PARK, FL 33334

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

DA Feldman

DOUGLAS A. FELDMAN, PH.D.

3/3/97

(954) 563-1922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)