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FILED

May 13 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 # P95000014802 (9)

1. Corporation Name

WELIKOFF & BOSCHOWITZ, P.A.

Principal Place of Business

1171 SUNSET STRIP  
SUNRISE FL 33313

Mailing Address

1171 SUNSET STRIP  
SUNRISE FL 33313-6107



3. Date Incorporated or Qualified

02/22/1995

3a. Date of Last Report

03/19/1996

4. FEI Number

65-0571257

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

21 5975 W. SUNRISE BLVD

Suite, Apt. #, etc.

22 #115

City & State

23 SUNRISE, FL

Zip

24 33313

Country

25 USA

2a. Mailing Address

26 5975 W. SUNRISE BLVD

Suite, Apt. #, etc.

27 #115

City & State

28 SUNRISE FL

Zip

29 33313

Country

30 USA

9. Name and Address of Current Registered Agent

BOSCHOWITZ, DAVID  
1171 SUNSET STRIP  
SUNRISE FL 33313

10. Name and Address of New Registered Agent

81 Name

DAVID BOSCHOWITZ

82 Street Address (P.O. Box Number is Not Acceptable)

5975 W. SUNRISE BLVD

83

#115

84 City

SUNRISE

FL

85 Zip Code

33313

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P BOSCHOWITZ, DAVID H  
1171 SUNSET STRIP  
SUNRISE FL 33313

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

P DAVID BOSCHOWITZ  
5975 W. SUNRISE BLVD #115  
SUNRISE FL 33313

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

RONALD WELIKOFF  
5975 W. SUNRISE BLVD #115  
SUNRISE FL 33313

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 DATE 2/12/97 054-214-8101

CR2E034 (9/96)