

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90215 039 ***150.00

DOCUMENT # P95000014802

1. Corporation Name

WELIKOFF & BOSCHOWITZ, P.A.

Principal Place of Business

5975 W. SUNRISE BLVD.
#115
SUNRISE FL 33313
US

Mailing Address

5975 W. SUNRISE BLVD.
#115
SUNRISE FL 33313
US

2. Principal Place of Business

21 10245 N.W. 46th St.
Suite, Apt. #, etc.

22 #A

City & State

23 Sunrise, FL

Zip

24 33351

Country

25 USA

2a. Mailing Address

26 P.O. Box 450578
Suite, Apt. #, etc.

27

City & State

28 Sunrise, FL

Zip

29 33345

Country

30 USA

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1995

4. FEI Number

65-0571257

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

DAVID BOSCHOWITZ

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

10245 N.W. 46th St.

83

#A

84 City

SUNRISE

FL

85 Zip Code

33345

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 restating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BOSCHOWITZ, DAVID H
STREET ADDRESS 5975 W. SUNRISE BLVD., #115
CITY-ST-ZIP SUNRISE FL

TITLE D ☐ DELETE

NAME WELIKOFF, RONALD
STREET ADDRESS 5975 W. SUNRISE BLVD., #115
CITY-ST-ZIP SUNRISE FL

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 P ☒ Change ☐ Addition

1.2 NAME BOSCHOWITZ, DAVID H
1.3 STREET ADDRESS RD. BOX 450578
1.4 CITY-ST-ZIP SUNRISE, FL 33345

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME WELIKOFF, RONALD
2.3 STREET ADDRESS RD. BOX 450578
2.4 CITY-ST-ZIP SUNRISE, FL 33345

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/22/99

854-578-0707

CRZE034 (11/98)

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