

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000016872 (0)

1. Corporation Name

PETER A. ALTMAN CPA, P.A.



Principal Place of Business

~~5920~~ MAIN ST  
NEW PORT RICHEY FL 34652

Mailing Address

~~5920~~ MAIN ST  
NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified  
02/27/1995

3a. Date of Last Report

2. Principal Place of Business

21 5715 Main St.

Suite, Apt. #, etc.

22 City & State

23 New Port Richey, FL

24 Zip 34652

25 Country U.S.

2a. Mailing Address

26 Same As #2.

Suite, Apt. #, etc.

27 City & State

28

29

30 Country

4. FEI Number

59-3303083

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

10. Name and Address of New Registered Agent

ALTMAN, PETER A

~~5920~~ MAIN ST  
NEW PORT RICHEY FL 34652

81 Name

Same

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

5715 Main St.

83

84 City

Same

FL

85 Zip Code

34652

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

Signature typed in printed name of registered agent and state if acceptable

(NOTE: Registered Agent signature required when reinstating)

April 28, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE PVD ☐ DELETE

NAME ALTMAN, PETER A

STREET ADDRESS 5517 MAGNOLIA WAY

CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE TD ☐ DELETE

NAME POTTER, MATTHEW A

STREET ADDRESS 5914 WYOMING AVE.

CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE SD ☐ DELETE

NAME SCHWARTZ, TRACY L

STREET ADDRESS 5529 MAGNOLIA WAY

CITY-ST-ZIP NEW PORT RICHEY FL 34652

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

*Matthew A. Potter* - Matthew A. Potter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96

Date

813-842-3262

Daytime Phone #

CR2E034 (12/95)