

PAY 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 # **P95000018418**
1. Corporation Name
**THE FLORIDA INSTITUTE OF PSYCHOLOGICAL
EDUCATION AND INFORMATION, P.A.**

Principal Place of Business Mailing Address
**3317 SE 4 ST.
POMPANO BEACH, FL 33062**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **3-7-1995** 3a. Date of Last Report
4. FEI Number **65-0580287** Applied Fee
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
7. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**RICHARD PORTNOY
3317 SE 4 ST
POMPANO BEACH, FL 33062**

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

(If 11. Registered Agent Signature required, see 1. above, item 11.)

DAV

12. OFFICERS AND DIRECTORS
1. TITLE ☐ DELETE
NAME **RICHARD PORTNOY**
STREET ADDRESS **3317 SE 4 ST.**
CITY, ST, ZIP **POMPANO BEACH, FL 33062**
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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