

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 29 1997 8:00am
Secretary of State

DOCUMENT # P95000023420 (9)

1. Corporation Name

VIA ROSA ASSOCIATES, INC.

Principal Place of Business

% N. SANDY KONIGSBERG
9900 W. SAMPLE ROAD #400
CORAL SPRINGS FL 33065
US

Mailing Address

% N. SANDY KONIGSBERG
9900 W. SAMPLE ROAD #400
CORAL SPRINGS FL 33065-4079
US

3. Date Incorporated or Qualified
03/23/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 6515 VIA ROSA

2a. Mailing Address

26 6515 VIA ROSA

4. FEI Number
65-0571288

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State

23 BOCA RATON FL

City & State

28 BOCA RATON FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

24 33423 25 USA

Zip

29 33423 30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WACHSMAN, THEA D
6515 VIA ROSA
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name GARY WACHSMAN

82 Street Address (P.O. Box Number is Not Acceptable)
6515 VIA ROSA

83

84 City BOCA RATON

FL

85 Zip Code 33433

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 P
NAME WACHSMAN, THEA D
STREET ADDRESS 6515 VIA ROSA
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME GARY WACHSMAN
1.3 STREET ADDRESS 6515 VIA ROSA
1.4 CITY-ST-ZIP BOCA RATON FL 33433

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

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 (changed), or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0149387

CR2E034 (9/96)