

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 # P95000024554 (4)

1. Corporation Name

GOLDMAN, DASZKAL & GOLDSTEIN, P.A. *New name*

A Law Office of LAURI J. Goldstein & Associates, PA

Principal Place of Business

~~7900 GLADES ROAD
SUITE 320
BOCA RATON FL 33434~~
*735 Colorado Ave
Suite 2
Stuart, Florida
34994*

Mailing Address

~~7900 GLADES ROAD
SUITE 320
BOCA RATON FL 33434~~
*735 Colorado Ave
Stuart, FL.
34994
Suite 2*



3. Date Incorporated or Qualified
04/11/1995

3a. Date of Last Report
4/11/95

4. FEI Number

050581510

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. *Stuart, Florida*

2a. Mailing Address

26. *735 Colorado Ave*

Suite, Apt. #, etc.

22. *735 Colorado Ave Suite 2*

Suite, Apt. #, etc.

27. *Suite 2*

City & State

23. *Stuart, Florida*

City & State

28. *Stuart, FL.*

Zip

24. *34994*

Country

25. *Martin*

Zip

29. *34994*

Country

30. *Martin*

9. Name and Address of Current Registered Agent

~~DASZKAL, ALEX
7900 GLADES ROAD
SUITE 320
BOCA RATON FL 33434~~

*Lauri J. Goldstein
735 Colorado Ave Suite 2
Stuart, Florida
34994*

10. Name and Address of New Registered Agent

81. Name *Lauri J. Goldstein, Esq.*
82. Street Address (P.O. Box Number is Not Acceptable)
735 Colorado Ave
83. *Suite 2*
84. City *Stuart,* FL 85. Zip Code *34994*

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 Sections 607.0505, Florida Statutes.

SIGNATURE

Lauri J. Goldstein

LAURI J. GOLDSTEIN

2/6/96

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME *GOLDMAN, GLENN*
STREET ADDRESS *1080 SOUTHWEST 21ST AVENUE*
CITY-ST-ZIP *BOCA RATON FL 33486*

TITLE ☒ DELETE

NAME *DASZKAL, ALEX*
STREET ADDRESS *4837 SUGAR PINE DRIVE*
CITY-ST-ZIP *BOCA RATON FL 33487*

TITLE ☐ DELETE

NAME *GOLDSTEIN, LAURI J*
STREET ADDRESS *2926 S.W. BRIGHTON WAY*
CITY-ST-ZIP *PALM CITY FL 34990*

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☒ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

100001746501
-03/18/96--01034--009
***200.00

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:

Lauri J. Goldstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURI J. GOLDSTEIN

2/6/96

Date

Daytime Phone #

CR2E034 (12/95)

3-18-1996