SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000030229 (5)

HANK HIMMELBAUM, L.C.S.W., P.A.

FILED Aug 26 1997 8:00am Secretary of State



Principal Place of Business Mailing Address				((40)1291 (18 1212) 21111 20111 94(17 42111 65195 11111 94(15 1151) 116(8 151(152)	
21301 POWERLINE ROAD STE 104	21301 POWERLINE ROA	21301 POWERLINE ROAD STE 104			
BOCA RATON FL 33433	BOCA RATON FL 3343	3		DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
					· '
2. Principal Place of Business	2a. Mailing Address	····		04/13/1995 4. FEI Number	04/14/1996 Applied For
<u></u>	—				Not Applicable
Suite And H at a	Suite, Apt. #, etc.	Suite Apt # etc		65-2576469	\$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. 22 27		#, b(c.		5. Certificate of Status Desired	Fee Required
City & State	City & State			# Election Compaign Election	\$5.00 May Be
	28			Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	,		
24 25	29	30		B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
9. Name and Address of Cui		1301		10. Name and Address of New Reg	
HIMMELBAUM, HANK		81	Name		
6100 GLADES RD.		_			
STE. 302		82	Street Ac	ddress (P.O. Box Number is Not Acceptab	le)
		83	 		
BOCA RATON FL 33434					
		84	City		FL 85 Zip Code
44 5	0000 COT 4000 Florida Cot			amoration as books this statement for the p	TL
Pursuant to the provisions of Sections 607, office or registered agent, or both, in the Sagent. I am familiar with, and accept the of	usuz and 607,1508, Florida Statt late of Florida. Such change was	authorized b	e-named ci y the corpo	orporation submits this statement for the paration's board of directors. I hereby accep	of the appointment as registered
agent. I am familiar with, and accept the of	oligations of, Section 607.0505, F	Iorida Statute	S.		
SIGNATURE					
Signature, typed or printed name of registerer			ent s-gnature re	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
	AND DIRECTORS DELETE	13.		AUDITIONS/CHANGES TO OFFIC	Change Addition
TITLE P HANGE BALBA HAND OF		1.1 TITLE	<u> </u>		Change Ci voquon
NAME HIMMELBAUM, HANK CE		1.2 NAME	1		
STREET ADDRESS 6100 GLADES RD., SUITE	302	1.3 STREE	ADDRESS		
CITY-ST-ZIP BOCA RATON FL 33434		1.4 CITY-1 2.1 TITLE	ST-ZIP		
TITLE	DELETE				Change Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREE	I ADDRESS		
CHTY-ST-ZIP		2. 4 CITY-	ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE			Change Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREE	ADDRESS		
CITY-ST-ZIP		3.4. CITY-	ST-ZIP		
TITLE	DELETE	4.1 TITLE			Change Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREE	ADDRESS		
City-Si-ZiP		4.4 CITY -	- 1		1
TIFLE	DELETE	5.1 TITLE			Change Addition
NAME	_	5.2 NAME			-
STREET ADDRESS			T ADDRESS		
		5.4 CITY-			
CITY-ST-ZIP	DELETE	6.1 TITLE	21.711		Change Addition
NAME	>cc.(t	6.2 NAME			
		1	T ADDDESO		
STREET ADDRESS			T ADDRESS		
O(TY-ST-ZIP	alod with this filing does not out	64 CITY-		ted in Section (19 07/9Vi) Florida Statuto	s. 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 of on an attachment with an address.