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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000038229 (7)**

1. Corporation Name

ANDREW B. PERETZ, P.A.

Principal Place of Business	Mailing Address
4330 SHERIDAN STREET SUITE 202B HOLLYWOOD FL 33021	4330 SHERIDAN STREET SUITE 202B HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 05/15/1995

3a. Date of Last Report: 5/15/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	☐ Applied For ☐ Not Applicable
21 One East Broward Blvd	26 One East Broward Blvd	65-0582369	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22 Suite 620	27 Suite 620		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 Ft. Lauderdale FL	28 Ft. Laud., FL		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
24 33301 25 USA	29 33301 30 USA		

9. Name and Address of Current Registered Agent

PERETZ, ANDREW B
4330 SHERIDAN STREET
SUITE 202B
HOLLYWOOD FL 33021

NEW Address only →

10. Name and Address of New Registered Agent

81	Name	Andrew B. Peretz
82	Street Address (P.O. Box Number is Not Acceptable)	One East Broward Blvd
83		Suite 620
84	City	Ft. Lauderdale FL 85 Zip Code 33301

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when changing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition President/Treasurer/Secretary Andrew B. Peretz One East Broward Blvd/Suite 620 Ft. Laud., FL 33301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 100001777391 -04/11/96--01103--046 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 4-11-96 JR

CR2E034 (12/95)

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: President/Treasurer/Secretary 3/26/96 (305) 356-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Andrew B. Peretz