

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

FILED

Feb 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000044764 (5)

1. Corporation Name

MICHAEL DUBINER, P.A.

Principal Place of Business

555 NORTH CONGRESS AVENUE  
SUITE 301  
BOYNTON BEACH FL 33426

Mailing Address

555 NORTH CONGRESS AVENUE  
SUITE 301  
BOYNTON BEACH FL 33426-3469



3. Date Incorporated or Qualified

06/10/1995

3a. Date of Last Report

03/26/1996

4. FEI Number

65-0586695

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

21 515 NORTH FLAGLER DR.

Suite, Apt. #, etc.

22 325

City & State

23 WEST PALM BEACH, FL

Zip

24 33401

Country

25 PALM BEACH

2a. Mailing Address

26 515 NORTH FLAGLER DR.

Suite, Apt. #, etc.

27 325

City & State

28 WEST PALM BEACH, FL

Zip

29 33401

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

DUBINER, MICHAEL  
555 NORTH CONGRESS AVENUE  
SUITE 301  
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

81 Name

MICHAEL DUBINER

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

515 NORTH FLAGLER DRIVE

83

SUITE 325

84

WEST PALM BEACH

FL

85 Zip Code

33401

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 D ☐ DELETE

NAME DUBINER, MICHAEL  
STREET ADDRESS 555 NORTH CONGRESS AVE. SUITE 301  
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME DIP  
MICHAEL DUBINER  
1.3 STREET ADDRESS 515 NORTH FLAGLER DR., SUITE 325  
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL DUBINER

Date

2-11-97

Daytime Phone #

561/655-0150

CR2E034 (9/96)