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FILED

May 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000080354 (0)

1. Corporation Name

SUGERMAN & SCOPINICH, P.A.



Principal Place of Business

Mailing Address

18301 BISCAYNE BLVD 2ND FL  
NO MIAMI BEACH FL 33160

18301 BISCAYNE BLVD 2ND FL  
NO MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1995

4. FEI Number

65-0633048

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒

Yes

☐

No

2. Principal Place of Business

21 17071 W. DIXIE HWY

Suite, Apt. #, etc.

22 City & State

23 North Miami Beach, FL

24 Zip

25 33160

Country

2a. Mailing Address

26 17071 W. DIXIE HWY

Suite, Apt. #, etc.

27 City & State

28 North Miami Beach, FL

29 Zip

30 33160

Country

9. Name and Address of Current Registered Agent

SCOPINICH, GAIL

18301 BISCAYNE BLVD 2ND FL  
NO MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name

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

83 17071 WEST DIXIE HWY

84 City North Miami Beach FL

85 Zip Code 33160

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME SUGERMAN, KAREN

STREET ADDRESS 18301 BISCAYNE BLVD 2ND FL  
CITY-ST-ZIP NO MIAMI BEACH FL 33160

TITLE VTD ☐ DELETE

NAME SCOPINICH, GAIL

STREET ADDRESS 18301 BISCAYNE BLVD 2ND FL  
CITY-ST-ZIP NO MIAMI BEACH FL 33160

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

1.3 STREET ADDRESS 17071 WEST DIXIE HWY

1.4 CITY-ST-ZIP North Miami Beach, FL 33160

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 17071 WEST DIXIE HWY

2.4 CITY-ST-ZIP North Miami Beach, FL 33160

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 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

GAIL SCOPINICH

5/27/98

205-945-1881

CR2E034 (10/97)