

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 # P95000087346 (9)

1. Corporation Name

PHILIP D. SHTUPAK, D.C., P.A.

Principal Place of Business

891 N.W. 85TH TERRACE
APT. 1510
PLANTATION FL 33324

Mailing Address

891 N.W. 85TH TERRACE
APT. 1510
PLANTATION FL 33324



3. Date Incorporated or Qualified
11/14/1995

3a. Date of Last Report

4. FEI Number

65-0619155

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

2a. Mailing Address

21 1848 NOB HILL ROAD

26 1446 MIRA VISTA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 PLANTATION, FL

28 FORT LAUDERDALE, FL

Zip

Country

Zip

Country

24 33322

25 U.S.A.

29 33327

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPRUCE, WILLIAM D
1600 WEST COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309

81 Name PHILIP D. SHTUPAK

82 Street Address (P.O. Box Number is Not Acceptable)
1446 MIRA VISTA CIRCLE

83

84 City FORT LAUDERDALE

FL

85 Zip Code
33327

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 *Philip D. Shtupak, D.C., P.A.*
Signature, type or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-10-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SHTUPAK, PHILIP D
STREET ADDRESS 891 N.W. 85TH TERRACE
CITY-ST-ZIP PLANTATION FL 33324 ☐ DELETE

1.1 TITLE P/D
1.2 NAME SHTUPAK, PHILIP D
1.3 STREET ADDRESS 1446 MIRA VISTA CIRCLE
1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33327 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

2.1 TITLE S/T/D
2.2 NAME LISA I. SHTUPAK
2.3 STREET ADDRESS 1446 MIRA VISTA CIRCLE
2.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33327 ☐ 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

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

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: *Philip D. Shtupak, D.C., P.A.*
Signature and typed or printed name of signing officer or director

4-10-96 (954) 476-8884
Date Daytime Phone #

CR2E034 (12/95)