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Jan 17 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 # P96000032789 (5)

1. Corporation Name
EUGENE ALFRED JAMROZ, P.A.

Principal Place of Business
4251 NE 13TH AVENUE
FORT LAUDERDALE FL 33334

Mailing Address
4251 NE 13TH AVENUE
FORT LAUDERDALE FL 33334-4701

1108 HIGHLAND BEACH DR #2 1108 HIGHLAND BEACH DR #2
HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL 33487

2. Principal Place of Business

21 1108 HIGHLAND BEACH DR #2
Suite, Apt. #, etc.

22 HIGHLAND BEACH
City & State

23 FLORIDA

24 33487
Zip

25 U.S.A.
Country

2a. Mailing Address

26 1108 HIGHLAND BEACH DR #2
Suite, Apt. #, etc.

27 HIGHLAND BEACH
City & State

28 FLORIDA

29 33487
Zip

30 U.S.A.
Country

3. Date Incorporated or Qualified
04/10/1996

3a. Date of Last Report

4. FEI Number
650-65-9361

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

9. Name and Address of Current Registered Agent

JAMROZ, EUGENE
4251 NE 13TH AVENUE
FORT LAUDERDALE FL 33334

1108 HIGHLAND BEACH DR #2
HIGHLAND BEACH FL 33487

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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 PD
NAME JAMROZ, EUGENE
STREET ADDRESS 4251 NE 13TH AVENUE
CITY - ST - ZIP FORT LAUDERDALE FL 33334

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

1.4 CITY - ST - ZIP

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:

EUGENE JAMROZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/97 (561) 278-9950
Date Daytime Phone

CR2E034 (9/96)