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FILED

Feb 27 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 # P96000099737 (4)

1. Corporation Name  
IRVING S. MARCUS, C.P.A., P.A.



Principal Place of Business

5301 NORTH FEDERAL HIGHWAY  
SUITE 160  
BOCA RATON FL 33487

Mailing Address

5301 NORTH FEDERAL HIGHWAY  
SUITE 160  
BOCA RATON FL 33487-4805

3. Date Incorporated or Qualified

12/10/1996

3a. Date of Last Report

2. Principal Place of Business

21 4400 N. FEDERAL HWY.

2a. Mailing Address

25 4400 N. FEDERAL HWY.

4. FEI Number

65-0714052

Applied For

Not Applicable

Suite, Apt. #, etc.

22 210-15

Suite, Apt. #, etc.

27 210-15

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 BOCA RATON FL

City & State

28 BOCA RATON FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

24 33431

Country

Zip

29 33431

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCUS, IRVING S  
5301 NORTH FEDERAL HIGHWAY  
SUITE 160  
BOCA RATON FL 33487

81 Name

MARCUS, IRVING S.

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

4400 N. FEDERAL HWY

83

SUITE 210-15

84

BOCA RATON

FL

85

Zip Code  
33431

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

*Irving S. Marcus*

IRVING S. MARCUS

2/3/97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME MARCUS, IRVING S  
STREET ADDRESS 5301 NORTH FEDERAL HIGHWAY, SUITE 160  
CITY-ST-ZIP BOCA RATON FL 33487

1.1 TITLE *HT/SP* ☒ Change ☐ Addition  
1.2 NAME IRVING S. MARCUS  
1.3 STREET ADDRESS 4400 N. FEDERAL HWY #210-15  
1.4 CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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: *Irving S. Marcus* Treasurer

2/3/97

(561)361-9930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0007065

CR2E034 (9/96)