

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000034430

1. Entity Name
TRASON FLORIDA ASSOCIATES, INC.



Principal Place of Business
3187 BELLEVUE AVE
A3
SYRACUSE, NY 13219

Mailing Address
3187 BELLEVUE AVE
A3
SYRACUSE, NY 13219

FILED
07 AUG -3 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2386766

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R ESQ.
1800 WEST HIBISCUS BLVD., STE 138
MELBOURNE, FL 32901

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME ELSTEIN, DANIEL M.D.
STREET ADDRESS 3187 BELLEVUE AVE A3
CITY-ST-ZIP SYRACUSE, NY 13219

TITLE D
NAME ELSTEIN, TRACY ELLEN
STREET ADDRESS 3187 BELLEVUE AVE A3
CITY-ST-ZIP SYRACUSE, NY 13219

TITLE D
NAME ELSTEIN, PHYLLIS
STREET ADDRESS 3187 BELLEVUE AVE A3
CITY-ST-ZIP SYRACUSE, NY 13219

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900107547049
08/08/07--01045--009 **650.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/07 (315) 487-0861