

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE NAME: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S19212

(7)

1. Corporation Name

SUPERSTEIN & SUPERSTEIN, P.A.

Principal Place of Business

9028 BAY DR
SURFSIDE FL 33154-3212

Mailing Address

9028 BAY DR
SURFSIDE FL 33154-3212

FILED
95 JUL 10 AM 9: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/18/1990

3a. Date of Last Report

04/14/1994

2. Principal Place of Business

2a. Mailing Address

21 1108 Kane Concourse

26 1108 Kane Concourse

4. FEI Number

65-0245445

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes

☒ Yes

☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 309

27 309

City & State

City & State

23 Bay Harbor Islands

28 Bay Harbor Islands

Zip

Zip

24 33154

29 33154

Country

Country

25 Dade

30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUPERSTEIN, ESTHER
9028 BAY DR
SURFSIDE FL

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, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SUPERSTEIN, ESTHER
9028 BAY DR
SURFSIDE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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