## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996

S23123 **DOCUMENT #** 

(0)

THE HERZIG CORPORATION

		<u> </u>

Principal Place of	Business	Mailing Address			
% NEAL HERZ	ZIG	% NEAL HERZIG			
****	BOOK BOOK RATON FL	9100-44W-007H-0T. (2	12258 Watersiden		
NAME OF TAXABLE	BOOK RATION FL 3342	C THATTER THE TABLE TO BE	SICE RATION FL.	3. Date incorporated or Qualified	3a. Date of Last Report
	3372	<i>8</i> .	31428	01/07/1991	04/21/1995
2, Principal Place	of Business	2a. Mailing Address		4. FEI Number	Applied For
	intreside pr.		revside De	59-3044736	Not Applicable
Suite, Apt. #, 6		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Beca	Ruker FL	28 Boca Rytes	FL.	Trust Fund Contribution	Added to Fees
Ζφ	Country (5)	Zip	Country US4.	8. This corporation has liability for	
24 33428	25	29 33428	30 A		₫No
	<ol><li>Name and Address of Current</li></ol>	Registered Agent		10. Name and Address of New R	legistered Agent
			81 Name		
HERZIG,	NEAL		82 Street Addre	ss (P.O. Box Number is Not Acceptab	ole)
~ <del>0100*111</del>	<del>W20TH</del> CT. ユ <i>スユ58 レ</i>	ATERSIDE DI	oli cel 7 ladi e	30 (	,
1449047	BOCK RE	400 El 3200	83		
	JOEL N	100 FL 3342			
			84 City		FI 85 Zip Code
11 Purcuant to 1	the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above-named corpora	ation submits this statement for the our	• <b>-</b> 1 1
or registered	agent, or both, in the State of Florid	a. Such change was authorized	by the corporation's board	ation submits this statement for the puriod of directors. I hereby accept the app	ointment as registered agent. I am
familiar with,	and accept the obligations of, Section	on 607.0505, Florida Statutes.			
SIGNATURE	nature, typed or printed name of registered agent a	ALOXE.	Rugistered Agent signature required		DATE
	nature, typed or printed name of registered agent a OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TITLE	DP OFFICERS AND	DELETE	1, 1 TITLE	ADDITIONS/OFFACES TO GIT	Change Addition
	HERZIG, NEAL		1.2 NAME		C same
NAME	6180 4144-20114-CT 2.23	258 WATERED DO			
STREET ADDRESS	MADOATE EI BOO	0 400 = 7000	1.3 STREET ADDRESS		
CITY-ST-ZIP	THEODORETL OCC	Rator FZ 33428	1.4 CITY - ST - ZIP		Change Addition
TITLE		[] DELETE	•		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY - ST- ZIP			2 4 CiTY - ST - ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
THILE		DELETE	4. 1 TITLE		Change Addition
NAME		<del></del>	4.2 NAME		
			4.3 STREET ADDRESS		
STREET ADDRESS					
CITY-S1-7IP		☐ DELETE	4.4 CITY - ST - ZIP 5. 1 TITLE		☐ Change ☐ Addition
THLE		☐ Attric			C Change C Notation
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY - ST - ZIP			5.4 City-St-ZiP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY OF 7-D			6 A CITY - ST - 7IP		

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 cath; 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR QUECTOR

4/15/91 (407)472-8000