

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S40988** (5)

1. Corporation Name

MARK D. BOGEN, P.A.



Principal Place of Business

**980 N FEDERAL HWY
STE 206
BOCA RATON FL 33432
US**

Mailing Address

**980 N. FEDERAL HWY
STE 206
BOCA RATON FL 33432
US**

3. Date Incorporated or Qualified
03/27/1991

3a. Date of Last Report
08/18/1995

2. Principal Place of Business

21 **3700 Airport Rd.**

Suite, Apt. #, etc.

22 **Suite 307**

City & State

23 **Boca Raton, FL**

24 **33431**

Country

2a. Mailing Address

26 **3700 Airport Rd.**

Suite, Apt. #, etc.

27 **Suite 307**

City & State

28 **Boca Raton, FL**

29 **33431**

Country

4. FEI Number

65-0256500

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fees 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

**BOGEN, MARK D.
980 N. FEDERAL HWY
STE 206
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name

MARK D. BOGEN

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

3700 Airport Rd.

83

Suite 307

84 City

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

Mark Bogen

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/96

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **BOGEN, MARK**

STREET ADDRESS **980 N. FEDERAL HWY., SUITE 206**

CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

**3700 Airport Rd. Suite 307
Boca Raton, FL 33431**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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:

Mark Bogen, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/96

Date

407-447-4100

Daytime Phone #

CR2E034 (12/95)