

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S70156** (2)

1. Corporation Name  
**GOLDSMITH ENGEL & MEYER, INC.**



Principal Place of Business  
**POST OFFICE BOX 451355  
SUNRISE FL 33345**

Mailing Address  
**POST OFFICE BOX 451355  
SUNRISE FL 33345**

3. Date Incorporated or Qualified **08/01/1991** 3a. Date of Last Report **06/19/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MERKEL, BARBARA C  
1145 NW 26TH PLACE  
SUNRISE FL 33322**

**1145 NW 26 PL.**

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, typed or printed name of registered agent, and date (Printed Registered Agent Signature and Name (When registering) DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MERKEL, BARBARA C**  
STREET ADDRESS **11145 NW 26TH PLACE**  
CITY - ST - ZIP **SUNRISE FL 33322**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

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STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS

14 CITY - ST - ZIP ☐ Change ☐ Addition

21 TITLE  
22 NAME

23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS

34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE  
42 NAME

43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS

54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE  
62 NAME

63 STREET ADDRESS  
64 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:

**B. Merkel**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DIRECTOR**

**4/29/96** **(954)**  
**741 2122**

CR2E034 (12/95)