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Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S88346

(9)

1. Corporation Name

STARKMAN & MAGOLNICK, P.A.



Principal Place of Business

Mailing Address

150 WEST FLAGLER STREET  
SUITE 2701  
MIAMI FL 33130  
US

150 WEST FLAGLER STREET  
SUITE 2701  
MIAMI FL 33130-1558  
US

2. Principal Place of Business

2a. Mailing Address

21 100 SE 2nd Street

26 100 SE 2nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3700

27 3700

City & State

City & State

23 Miami FL

28 Miami FL

Zip

Zip

Country

Country

24 33131

29 33131

25 Dade

30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAGOLNICK, JOEL S.  
150 WEST FLAGLER STREET  
SUITE 2100  
MIAMI FL 33130

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME STARKMAN, JAY  
STREET ADDRESS 150 W. FLAGLER ST., STE. 2100  
CITY-ST-ZIP MIAMI FL 33130

11 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME MAGOLNICK, JOEL S.  
STREET ADDRESS 150 W. FLAGLER ST., STE. 2100  
CITY-ST-ZIP MIAMI FL 33130

21 TITLE ☐ Change ☐ Addition

TITLE TS ☐ DELETE

NAME STARKMAN, ROXANA M  
STREET ADDRESS 150 W. FLAGLER ST., STE. 2100  
CITY-ST-ZIP MIAMI FL 33130

22 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

32 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

33 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

34 CITY-ST-ZIP ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)