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Jan 14 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 # S90747 (4)
1. Corporation Name
PETER TICKTIN, P.A.



Principal Place of Business
2000 GLADES RD.
#110
BOCA RATON 33 33431
US

Mailing Address
2000 GLADES RD.
#110
BOCA RATON 33 33431-8504
US

3. Date Incorporated or Qualified
10/30/1991

3a. Date of Last Report
08/05/1996

4. FEI Number
65-0294272

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee 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

2. Principal Place of Business
21 2000 Glades Rd
Suite, Apt. #, etc.
22 110
City & State
23 Boca Raton, FL
Zip
24 33431 Country
25 USA

2a. Mailing Address
26 2000 GLADES ROAD
Suite, Apt. #, etc.
27 Suite 110
City & State
28 Boca Raton, FL
Zip
29 33431 Country
30 USA

9. Name and Address of Current Registered Agent

TICKTIN, PETER ESQ.
5200 TOWN CENTER CIRCLE
SUITE 105
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
81 Name
PETER Ticktin, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
2000 Glades Road
83 Suite 110
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 *Peter Ticktin* 1/2/97
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME P
STREET ADDRESS TICKTIN, PETER, ESQ.
CITY-ST-ZIP 1320 SOUTH DIXIE HIGHWAY
CORAL GABLES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME President
1.3 STREET ADDRESS Peter Ticktin, Esq.
1.4 CITY-ST-ZIP 2000 Glades Road #110
Boca Raton, FL 33431-8504

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Peter Ticktin* 1/2/97 (561) 347-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

CR2E034 (9/96)