

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 # **S91654** (1)

1. Corporation Name

THE LAW PRACTICE OF J.B. GROSSMAN, P.A.



Principal Place of Business

**2300 E. LAS OLAS BLVD.
4TH FLOOR
FT. LAUDERDALE FL 33301
US**

Mailing Address

**2300 E. LAS OLAS BLVD.
4TH FLOOR
FT. LAUDERDALE FL 33301
US**

3. Date Incorporated or Qualified
10/25/1991

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0296615

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GROSSMAN, J.B.
2300 E. LAS OLAS BLVD.
4TH FLOOR
FT. LAUDERDALE FL 33301**

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

4-24-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **GROSSMAN, J.B.**
STREET ADDRESS **1715 WHITE HALL DR, #401**
CITY-STATE-ZIP **FORT LAUDERDALE FL**

P
GROSSMAN, J.B.
353 SUNSET DRIVE APT. 5
FT. LAUDERDALE, FL 33301

TITLE ☒ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME **WADDELL, CATHERINE**
STREET ADDRESS **2201 S.E. 18TH ST., SUITE 304**
CITY-STATE-ZIP **FT. LAUDERDALE FL**

VICE PRESIDENT
FEDER, GARY
15020 SW 21ST ST.
DAVIE, FL 33326

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME **FEDER, GARRY**
STREET ADDRESS **20840 SAN SIMEON WAY, SUITE 708**
CITY-STATE-ZIP **N. MIAMI FL**

TREASURER
FEDER, GARY
15020 SW 21ST ST.
DAVIE, FL 33326

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

VICE PRESIDENT
DUNN, KENNETH
6710 NW 22ND TERR.
FT. LAUDERDALE, FL 33309

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

4-24-96 954-367-3345

CR2E034 (12/95)