

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S91922 (2)

1. Corporation Name

RONALD CHERNOW ASSOCIATES, INC.

Principal Place of Business

105 QUAYSIDE DR  
JUPITER FL 33477

Mailing Address

105 QUAYSIDE DR  
JUPITER FL 33477

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CHERNOW, RONALD  
105 QUAYSIDE DR  
JUPITER FL 33477

3. Date Incorporated or Qualified

11/04/1991

3a. Date of Last Report

02/06/1995

4. FEI Number

65-0295077

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

10. Name and Address of New Registered Agent

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 607.06 and 607.15(6), 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. The new agent is appointed as registered agent. I am familiar with and accept the obligations of Section 607.06(5), Florida Statutes.

SIGNATURE

Signature of the person authorized to change the registered office or registered agent

Signature of the person authorized to change the registered office or registered agent

Date

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

CHERNOW, RONALD

STREET ADDRESS

105 QUAYSIDE DR

CITY-STATE-ZIP

JUPITER FL

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

SIGNATURE:

*Carolyn Zukers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-STATE-ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY-STATE-ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY-STATE-ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY-STATE-ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY-STATE-ZIP

4/10/94 407 745-8386

CR2E034 (12/95)