

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V44831 (8)

1. Corporation Name

SOUTHERN ALLERGY SERVICES, INC.



Principal Place of Business

Mailing Address

P/O/ BOX 451025
MIAMI FL 33245

P/O/ BOX 451025
MIAMI FL 33245

2213 Smoke Tree Ct
Longwood FL 32779

2. Principal Place of Business

2a. Mailing Address

21 2213 Smoke Tree

26 570 Ocean Dr

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

23 City & State

27 City & State

Longwood

Juno Beach

24 Zip

25 Country

29 Zip

30 Country

32779

Seminole

33408

Palm Beach

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/15/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0343603

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

O'BRIEN, PAUL
1355 W PALMETTO PARK RD
STE 175
BOCA RATON FL 33486

81 Name

JAY ROFFMAN

82 Street Address (P.O. Box Number is Not Acceptable)

570 OCEAN DR.

83

84 City

Juno Beach

85 State

FL

Zip Code
33408

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 obligation 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

7/1/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME O'BRIEN, PAUL E
STREET ADDRESS 168 FIESTA WAY
CITY-ST-ZIP FT LAUDERDALE FL

TITLE STD PD, STD
NAME ROFFMAN, JAY
STREET ADDRESS 2213 SMOKETREE CT
CITY-ST-ZIP LONGWOOD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/96

407-625-3448

CR2E034 (3/96)