

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V44853** (2)

1. Corporation Name

JOSEPH A. GLICK, P.A.



Principal Place of Business

Mailing Address

~~44 W FLAGLER ST
#1575
MIAMI FL 33130~~

~~44 W FLAGLER ST
#1575
MIAMI FL 33130~~

3. Date Incorporated or Qualified

06/19/1992

3a. Date of Last Report

04/17/1995

4. FEI Number

65-0342638

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 **9703 S. Dixie Highway**

Suite, Apt. #, etc.

22 **2nd fl.**

City & State

23 **Miami, FL**

Zip

24 **33156**

Country

25 **Dade**

2a. Mailing Address

26 **9703 S. Dixie Highway**

Suite, Apt. #, etc.

27 **2nd fl.**

City & State

28 **Miami, FL**

Zip

29 **33156**

Country

30 **Dade**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLICK, JOSEPH A.
44 W FLAGLER ST
#1575
MIAMI FL 33130**

*new
address, same agent*

81 Name

Joseph A. Glick

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

9703 S. Dixie Highway

83 Suite, Apt. #, etc.

2nd fl.

84 City

Miami

FL

85 Zip Code

33156

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 ☐ DELETE
NAME **D**
STREET ADDRESS **GLICK, JOSEPH A.**
CITY - ST - ZIP **44 W FLAGLER ST #1575**
MIAMI FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **9703 S. Dixie Hwy. 2nd fl.**
1.4 CITY - ST - ZIP **Miami, FL 33156**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH GLICK, Pres. **1-25-96** **668-8311**
290-9977

CR2E034 (12/95)