

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 # **V69268** (3)

1. Corporation Name

DAVIA ODELL MAZUR, P.A.



Principal Place of Business

**3230 STIRLING RD.
HOLLYWOOD FL 33021
US**

Mailing Address

**3230 STIRLING RD
HOLLYWOOD FL 33021-2041
US**

3. Date Incorporated or Qualified
10/07/1992

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0364389

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

2. Principal Place of Business

21 **9630 NW 39th Ct.**

Suite, Apt. #, etc.

22 **Cooper City, FL**

23 **Cooper City, FL**

24 **33024**

Country

USA

2a. Mailing Address

26 **9630 NW 39th Ct.**

Suite, Apt. #, etc.

27 **Cooper City**

28 **Cooper City, FL**

29 **33024**

Country

USA

9. Name and Address of Current Registered Agent

**MAZUR, DAVIA ODELL
3230 STIRLING ROAD
HOLLYWOOD FL 33021**

81 Name

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

9630 NW 39th Ct.

83

84 City **Cooper City**

FL

85 Zip Code

33024

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

Davia Odell Mazur

Davia Odell Mazur

4/29/96

Date

Signature, typed or printed name of registered agent, and date of signature

Signature, typed or printed name of registered agent, and date of signature

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MAZUR, DAVIA ODELL**
STREET ADDRESS **3230 STIRLING ROAD**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **ST** ☐ DELETE
NAME **MAZUR, DAVIA ODELL**
STREET ADDRESS **3230 STIRLING ROAD**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **9630 NW 39th Ct.**
1.4 CITY-ST-ZIP **Cooper City, FL 33024** ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS **9630 NW 39th Ct.**
2.4 CITY-ST-ZIP **Cooper City, FL 33024** ☐ Change ☐ Addition

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

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certifies 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:

Davia Odell Mazur

Davia Odell Mazur

Date

4/29/96

Daytime Phone

**(954)
435-3843**

CR2E034 (12/95)