

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 # **V73801** (5)

1. Corporation Name

SHIRLEY ANN ESSE, P.A.



Principal Place of Business

**3277 NW 105TH AVE
SUNRISE FL 33351
US**

Mailing Address

**3277 NW 105 AVE
SUNRISE FL 33351
US**

3. Date Incorporated or Qualified
10/22/1992

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
65-0377819

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

**SADER, ROBERT L.
2400 EAST COMMERCIAL BLVD.
SUITE 318
FORT LAUDERDALE FL 33308**

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 607.1504, 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 below of registered agent and that of applicant.

Signature of Registered Agent required when resigning.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME
ESSE, SHIRLEY ANN
STREET ADDRESS
3277 NW 105TH AVE
CITY-ST-ZIP
SUNRISE FL

1.1 TITLE ☐ Change ☐ Add on

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.2 NAME

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 STREET ADDRESS

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME

7. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS

8. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.4 CITY-ST-ZIP

9. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Add on

10. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME

11. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.3 STREET ADDRESS

12. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.4 CITY-ST-ZIP

13. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

14. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME

15. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.3 STREET ADDRESS

16. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.4 CITY-ST-ZIP

17. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

18. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME

19. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.3 STREET ADDRESS

20. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.4 CITY-ST-ZIP

21. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

22. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME

23. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.3 STREET ADDRESS

24. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.4 CITY-ST-ZIP

25. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96 6507495523

Date

Daytime Phone #

CR2E034 (12/95)