

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

**APPROVED  
AND  
FILED**

**95 APR 18 PM 4:41**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 393088 (0)**

1. Corporation Name  
**KAUFFS OF PALM BEACH, INC.**

Principal Place of Business <b>1304 OLD OKEECHOBEE RD W PALM BCH FL 33401</b>	Mailing Address <b>1304 OLD OKEECHOBEE RD W PALM BCH FL 33401</b>
--	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/27/1971</b>		3a. Date of Last Report <b>04/11/1994</b>	
21		26		4. FEI Number <b>59-1371159</b>		Applied For Not Applicable	
22. Suits, Apt. #, etc		27. Suits, Apt. #, etc		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	7. This corporation has liability for intangible tax under S. 199 US2, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KAUFF, RICHARD L. 7660 BOLD LAD ROAD PALM BEACH GARDENS FL 33418</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFF, RICHARD L	1.2 NAME	
STREET ADDRESS	7660 BOLD LAD RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BCH GARDENS FL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, JANET I.	2.2 NAME	
STREET ADDRESS	4827 CORBETT RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFF, W. HOWARD	3.2 NAME	
STREET ADDRESS	5660 WAR ADMIRAL RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFF, KAROL R.	4.2 NAME	
STREET ADDRESS	7660 BOLD LAD RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BCH GARDENS FL	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, JAMES	5.2 NAME	
STREET ADDRESS	1274 SLASH PINE CIR	5.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BCH FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 in an attachment with an address.

SIGNATURE: W. HOWARD KAUFF DATE: 1/23/95  
(Signature typed or printed name of signing officer or director) (Date) (Month/Day/Year)

407-881-7100