

2007 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90109 050 ***150.00

DOCUMENT # 535723

1. Entity Name

KRUPNICK CAMPBELL MALONE BUSER SLAMA
HANCOCK LIBERMAN & MCKEE, P.A.



Principal Place of Business

700 S.E. THIRD AVENUE
FT. LAUDERDALE, FL 33316

Mailing Address

700 S.E. THIRD AVENUE
FT. LAUDERDALE, FL 33316

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

02012007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-1512204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, JAMES B ESQ.
GUNSTER, YOAKLEY & STEWART, P.A.
500 E. BROWARD BLVD., SUITE 1400
FT. LAUDERDALE, FL 33316

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	CABRERA, IVAN F	
STREET ADDRESS	7225 S PRESTWICK PLACE	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAMPBELL, WALTER G JR.	
STREET ADDRESS	1844 COLONIAL DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HANCOCK, KELLY D.	
STREET ADDRESS	3100 NE 42ND ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SLAMA, JOSEPH J	
STREET ADDRESS	638 MIDDLE RIVER DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MALONE, KEVIN A.	
STREET ADDRESS	1701 SE 7TH ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BUSER, THOMAS E	
STREET ADDRESS	2862 BANYAN BLVD., CIR. N.W.	
CITY-ST-ZIP	BOCA RATON, FL 33431	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRUPNICK, JON E.	
STREET ADDRESS	1601 S.E. 7TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, KELLEY B.	
STREET ADDRESS	2026 N.E. 32ND AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATTISTA, LOUIS R.	
STREET ADDRESS	13501 S.W. 29TH STREET	
CITY-ST-ZIP	DAVIE, FL 33330	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIBERMAN, SCOTT S.	
STREET ADDRESS	1220 PELICAN LANE	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKEE, ROBERT J.	
STREET ADDRESS	827 NORTH SOUTHLAKE DRIVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, MICHAEL J.	
STREET ADDRESS	13121 N.W. 11TH DRIVE	
CITY-ST-ZIP	SUNRISE, FL 33323	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KELLY D. HANCOCK 2/1/07 (954)763-8181

Date

Daytime Phone #

ATTACHMENT

60012079

#535723

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ACEVEDO, CARLOS A. 450 S.W. 7TH AVENUE, SLIP 18 FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

As required in Chapter 119, Florida Statutes, I further certify that the information