

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F08712**

(4)

1. Corporation Name

KRAVIT ESTATE BUYERS INC.

Principal Place of Business

8221 GLADES ROAD
BOCA RATON FL 33434

Mailing Address

8221 GLADES ROAD
BOCA RATON FL 33434



2. Principal Place of Business

21 State Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 State Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

KRAVIT, MARC J
8221 W GLADES RD
BOCA RATON 33434

3. Date Incorporated or Qualified
12/11/1980

3a. Date of Last Report
07/11/1995

4. FID Number
59-2473226

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

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.02(2)(b) of the 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. Said change is authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.02(2)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETED
NAME	KRAVIT, MARC J.	
STREET ADDRESS	8221 W. GLADES RD.	
CITY, STATE, ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, STATE, ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, STATE, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, STATE, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, STATE, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, STATE, ZIP	

14. I do hereby certify that the information supplied by the filer is true, correct, and does not qualify for the exemption statute, Section 119.07(3)(f), Florida Statutes. I further certify that the information included on this form is required to supplement annual reports filed with the company and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation, or the registered agent, I do so in the capacity required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or annual report with appropriate title.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/96 407-482 1002

CR2E034 (12/95)