FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mar
Secretary of S
DIVISION OF CORP ONS

DOCUMENT # **P93000063736 (1)**

1. Corporation Name

STEVE KAMINER, P.A.

Principal Place of Business	Mailing Address
4635 NW 59TH WAY **CORAL SPRINGS FL 33067** **US**	**4635 NW 59TH WAY** **CORAL SPRINGS FL 33067** **US**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **09/07/1993**

3a. Date of Last Report: **05/25/1995**

4. FEI Number: **65-0432603** — 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. X Yes ☐ No

9. Name and Address of Current Registered Agent

KAMINER, STEVE
4635 NW 59TH WAY
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

31 Name

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

33

34 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a 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 th poration'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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KAMINER, STEVE	
STREET ADDRESS	4635 NW 59TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1		☐ Change ☐ Addition
1 2		
1 3	ADDRESS	
1 4	ST ZIP	
2		☐ Change ☐ Addition
2 2		
2 3	ADDRESS	
2 4	ST ZIP	
3		☐ Change ☐ Addition
3 2		
3 3	ET ADDRESS	
3 4	ST ZIP	
4		☐ Change ☐ Addition
4 2		
4 3	T ADDRESS	
4 4	ST ZIP	
5		☐ Change ☐ Addition
5 2		
5 3	ADDRESS	
5 4	T-ZIP	
6		☐ Change ☐ Addition
6 2		
6 3	ADDRESS	
6 4	T-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and es 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 ue 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 empow 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: _____ STEVE KAMINER 954/346-8150 3/25/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

0116089 CP