FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P96000044318 (9)**

1. Corporation Name
KATHLEEN M. OROS, PA

Principal Place of Business	Mailing Address
~~2219 E. ATLANTIC BLVD.~~ ~~POMPANO BEACH FL 33062-5209~~	~~2219 E. ATLANTIC BLVD.~~ ~~POMPANO BEACH FL 33062-5209~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1996

2. Principal Place of Business	2a. Mailing Address
21 900 E. ATLANTIC BLVD	26 900 E. ATLANTIC BLVD
Suite, Apt. #, etc. 22 SUITE 17	Suite, Apt. #, etc. 27 SUITE 17
City & State 23 POMPANO BEACH FL	City & State 28 POMPANO BEACH FL
Zip 24 33060 Country 25 USA	Zip 29 33060 Country 30 USA

4. FEI Number: 65-0667709 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OROS, KATHLEEN ~~2219 E. ATLANTIC BLVD.~~ ~~POMPANO BEACH FL 33062-5209~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 900 E. ATLANTIC BLVD 83 SUITE 17 84 City POMPANO BEACH FL 85 Zip Code 33060

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	OROS, KATHLEEN	1.2 NAME	
STREET ADDRESS	~~% 2219 E. ATLANTIC BLVD.~~	1.3 STREET ADDRESS	900 E. ATLANTIC BLVD STE 17
CITY-ST-ZIP	~~POMPANO BEACH FL 33062-5209~~	1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: Kathleen M. Oros 5-1-98 954-783-5030