

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S13091** (1)

1. Corporation Name
KYNES, MARKMAN & FELMAN, P.A.



Principal Place of Business Mailing Address
BOX 3396 TAMPA FL 33601 **BOX 3396 TAMPA FL 33601**

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

3. Date Incorporated or Qualified **11/15/1990** 3a. Date of Last Report **02/17/1995**
4. FEI Number **59-3036139** 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. Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
MARKMAN, STUART C.
100 S ASHLEY DR STE 1300
TAMPA FL 33602
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: Signature typed or printed name of registered agent and the date of signature. Registered Agent signature and date of signature.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKMAN, STUART C.	2. NAME	
STREET ADDRESS	100 S ASHLEY DR STE 1300	3. STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	4. CITY-STATE-ZIP	
TITLE	VSTD <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELMAN, JAMES E.	6. NAME	
STREET ADDRESS	100 S. ASHLEY DR STE 1300	7. STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	8. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-STATE-ZIP		12. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-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)(a), 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: *Stuart Markman* **STUART C. MARKMAN** 3/15/96 813/229-1118
Signature and typed or printed name of signing officer or director. Date. Filing Fee #

CR2E034 (12/95)