FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 JAN 27 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 200522 (1)

1. Corporation Name

PAUL NOTOWITZ, INC.

Principal Place of Business	Mailing Address
16855 NE 2 AVE 302-B N. MIAMI BEACH FL 33162	16855 NE 2 AVE 302-B N. MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/06/1957
3a. Date of Last Report: 01/31/1994

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

4. FEI Number: 59-0826820 ☐ 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

KUTUN, BARRY
2012 FISHER ISLAND DR
FISHER ISLAND FL 33109

10. Name and Address of New Registered Agent

81 Name: Scott Notowitz
82 Street Address (P.O. Box Number is Not Acceptable): 16855 NE 2ave. 302-B
83
84 City: N. Miami Beach FL 85 Zip Code: 33162

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: Scott Notowitz — Scott Notowitz — 1-25-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	NOTOWITZ, RUTH	12 NAME	
STREET ADDRESS	4700 N. BAY RD	13 STREET ADDRESS	5002 N. Bay Rd.
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP	Miami Beach, FL. 33140
TITLE	VPD	21 TITLE	☐ Change ☑ Addition
NAME	KUTUN, JUDITH	22 NAME	
STREET ADDRESS	2012 FISHER ISLAND DR	23 STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND FL	24 CITY-ST-ZIP	33109
TITLE	SD	31 TITLE	☐ Change ☑ Addition
NAME	NOTOWITZ, SCOTT	32 NAME	
STREET ADDRESS	20123 NE 19TH PL	33 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH. FL	34 CITY-ST-ZIP	33179
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

bh 1/31

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)(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: Scott Notowitz — Scott Notowitz — 1-25-95 — 305-653-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174000 CP