FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **532646** **(7)**

1. Corporation Name
M.A. KEMPNER, INC.

Principal Place of Business
11820 FOUNTAIN SIDE CIR.
BOYNTON BCH. FL 33437

Mailing Address
11820 FOUNTAIN SIDE CIR.
BOYNTON BCH. FL 33437

3. Date Incorporated or Qualified: **04/29/1977**
3a. Date of Last Report: **02/20/1995**

4. FEI Number: **59-1371443** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | County 30

9. Name and Address of Current Registered Agent

SEGER, GLENN A.
5360 NW 55TH BLVD
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent

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 607.1502 and 607.1503, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE(S) Date

12. OFFICERS AND DIRECTORS

P
SEGER, GLENN A.
4740 NW 74 PLACE
CONONUT CREEK FL

D
KEMPNER, MARVIN A.
11820 FOUNTAINSIDE CIR
BOYNTON BEACH FL

ST
SEGER, CANDEE
5360 NW 55TH BLVD APT #104
CONONUT CREEK FL

D
MAISEL, DANIEL
6141 EVIAN PL.
BOYNTON BEACH FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP ☐ Change ☐ Addition
2 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP ☐ Change ☐ Addition
3 TITLE 3 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP ☐ Change ☐ Addition
4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP ☐ Change ☐ Addition
5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP ☐ Change ☐ Addition
6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP ☐ Change ☐ Addition

14. I DO HEREBY CERTIFY that the information supplied with this filing is accurate, 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 report or supplemental 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 added to the report with an address.

SIGNATURE: *Marvin A. Kempner* 1-20-96 407-736-3463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARVIN A. KEMPNER - DIRECTOR

CR2E034 (12/95)