

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90132 020 ***150.00

DOCUMENT # 563478

1. Corporation Name
S R M CORPORATION

Principal Place of Business
600 NORTH EAST 3RD AVENUE
FORT LAUDERDALE FL 33304

Mailing Address
C/O JAMES BIRR
600 NE 3RD AVE
FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1978

4. FEI Number
59-1882863

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1650 N.E. 26th Street

Suite, Apt. #, etc.

22 Suite 101

City & State

23 Fort Lauderdale, FL

Zip

24 33305

25 USA

2a. Mailing Address

26 1650 N.E. 26th Street

Suite, Apt. #, etc.

27 Suite 101

City & State

28 Fort Lauderdale, FL

Zip

29 33305

30 USA

9. Name and Address of Current Registered Agent

BIRR, JAMES O JR
600 NORTH EAST 3RD AVENUE
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1650 N.E. 26th Street

83 Suite 101

84 City

Fort Lauderdale

FL

85 Zip Code

33305

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME KAUFMAN, MICHAEL JAY
STREET ADDRESS 35 MEADOWRIDGE DR
CITY-ST-ZIP SHELTON CT 06484

TITLE ☐ DELETE

NAME KAUFMAN, STEPHEN PHILLIP
STREET ADDRESS 101 LLOYD HARBOR RD.
CITY-ST-ZIP HUNTINGTON NY

TITLE ☐ DELETE

NAME KAUFMAN, ROBIN JOAN
STREET ADDRESS 5330 S.KIMBARK
CITY-ST-ZIP CHICAGO IL

TITLE ☐ DELETE

NAME
STREET ADDRESS
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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Michael J. Kaufman

MICHAEL J. KAUFMAN

3/27/99

(203) 874-9093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #