

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 649767 (1)

1. Corporation Name

BRUCE S. KAUFMAN, P.A.



Principal Place of Business

400 W. GRANADA BLVD.
ORMOND BEACH FL 32174-5102

Mailing Address

400 W. GRANADA BLVD.
ORMOND BEACH FL 32174-5102

3. Date Incorporated or Qualified

01/02/1980

3a. Date of Last Report

03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1958811

Applied For

Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAUFMAN, BRUCE S (ESQUIRE)
400 WEST GRANADA BLVD.
ORMOND BEACH FL 32174

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 of individual providing the foregoing information (Must appear in Block 12)

Signature of Registered Agent (Must appear in Block 10)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DP /S/T
KAUFMAN, BRUCE S
400 WEST GRANADA BLVD.
ORMOND BEACH FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change

☐ Addition

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)(k), 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: X

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96 (904) 672-1984

CR2E034 (12/95)