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CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 12:14

DOCUMENT # **674060** **(9)**

1. Corporation Name

KURLAND & KURLAND, P.A.

Principal Place of Business	Mailing Address
727 N.E. THIRD AVE. C/O SHELDON C. KURLAND FT. LAUDERDALE FL 33304	727 N.E. THIRD AVE. C/O SHELDON C. KURLAND FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/19/1980
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business	2a. Mailing Address
21 9853 Pines Boulevard	26 9853 Pines Boulevard
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PEMBROKE PINES FL	City & State 28 PEMBROKE PINES FL
Zip / Country 24 33024 / 25 U.S.A.	Zip / Country 29 33024 / 30 U.S.A.

4. FEI Number: 59-2007237 ☐ 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

KURLAND, SHELDON C.
727 N.E. THIRD AVE.
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name: KURLAND, SHELDON C.
82 Street Address (P.O. Box Number is Not Acceptable): 9853 PINES BOULEVARD
83
84 City: PEMBROKE PINES FL 65 Zip Code: 33024

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: Sheldon C. Kurland, SHELDON C. KURLAND DATE: 3/24/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	11 TITLE	DIRECTOR/TREASURER	☒ Change ☐ Addition
NAME	KURLAND, SHELDON C	12 NAME	KURLAND, SHELDON C.	
STREET ADDRESS	4400 SW 95TH AVE	13 STREET ADDRESS	9853 PINES BOULEVARD	
CITY-ST-ZIP	DAVIE FL	14 CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	DS	21 TITLE	DIRECTOR/SECRETARY	☒ Change ☐ Addition
NAME	KURLAND, JACQUELINE I	22 NAME	KURLAND, JACQUELINE I.	
STREET ADDRESS	40 SEVILLE CIR	23 STREET ADDRESS	9853 PINES BOULEVARD	
CITY-ST-ZIP	DAVIE FL	24 CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	DP	31 TITLE	DIRECTOR/PRESIDENT	☒ Change ☐ Addition
NAME	KURLAND, ELISSA R	32 NAME	KURLAND, ELISSA R.	
STREET ADDRESS	40 SEVILLE CIR	33 STREET ADDRESS	9853 PINES BOULEVARD	
CITY-ST-ZIP	DAVIE FL	34 CITY-ST-ZIP	PEMBROKE PINES FL 33024	
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		

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: ELISSA R KURLAND 3/24/95 (305)436-6050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0211765 CP