

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # F06000005879					
1. Entity Name J. A. RAPAPORT FAMILY MANAGEMENT, INC.					
Principal Place of Business 700 NORTH OLIVE AVENUE, SUITE #2 WEST PALM BEACH FL 33401			Mailing Address 700 NORTH OLIVE AVENUE, SUITE #2 WEST PALM BEACH FL 33401		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02-0636798	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHULTZ, AMY E 700 NORTH OLIVE AVENUE, SUITE #2 WEST PALM BEACH FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title, applicable to: (NOTE: Registered Agent signature required when filing online)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution: ☐ Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT NAME RAPAPORT, JAMES A STREET ADDRESS 700 NORTH OLIVE AVENUE, SUITE #2 CITY - ST - ZIP WEST PALM BEACH FL 33401	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition	
TITLE VS NAME RAPAPORT, WENDY STREET ADDRESS 700 NORTH OLIVE AVENUE, SUITE #2 CITY - ST - ZIP WEST PALM BEACH FL 33401	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 113, 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					