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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

# F50911

(9)

KABAT ASSOCIATES, INC.

## FILED Jan 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
2315 NW 107 1 MO8	TH AVENUE	2315 NW 107TH AVENUE BOX 10				DO NOT MIDITE IN THIS CRACE	
MIAMI FL 331	72	MIAMI FL 33172				DO NOT WRITE IN THIS SPACE	_
US		US				Date Incorporated or Qualified     10/23/1981	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				59-2140938 Not Applicab	<sub>i</sub> le
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Additional	
22		27				5. Certificate of Status Desired Fee Required	
City & State	•	City & State			<b></b>	6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution	
Zip	Country Zip Co		Çoı	Country		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personaì Property Tax due June 30. 🔀 Yes 🔲 No	
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	_
KABAT, HERBERT				81	Name		
	11 E. BAY HARBOR DR			82	Ct A Adaba	ss (P.O. Box Number is Not Acceptable)	$\dashv$
	Y HARBOR ISLAND FL 33154				Street Addres	ss (P.O. Box Number is Not Acceptable)	
ĐA.	I HARBOR IOLAND FL 33134			83			
				84	City	EL 85 Zip Code	┪
11 0	a the previous of Sections 607 0502	and 607 1509 Elorida Statu	toe the s	have	anamed corpo		<del>.</del> d
11. Pursuant to the provisions of Sections 507.0502 and 507.1508, Florida Statutes, the above-named corporation's sources statement or the purpose of charging as registered of the purpose of the purpos							
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		and Parking Mark	*** D!		ent signature required	d when reinstallno) DATE	_
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.		ent signature nequired	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD CFICERS AND		DELETE 1.1 TI			Change Addition	an i
		1.2 N					
NAME	A CONTRACTOR OF THE CONTRACTOR						
Street Address				1,3 STREET ADDRESS			- 1
CITY-ST-ZIP			IIY-S	T- ZIP	Change Addition		
TITLE	\$	☐ DECEIE				Onange Addition	<i>"</i> "
NAME	KABAT, HORTENSE F.		2.2 NAN				
STREET ADDRESS	9111 E. BAY HARBOR DR.				ADDRESS		ı
CITY-ST-ZIP	BAY HARBOR ISLANDS FL				ST-ZIP	To the	_
TITLE	PD	DELETE 3.1 T		ITLE		Change  Additi	ן מכ
NAME	KABAT, LAWRENCE		3.2 N	IAME			
STREET ADDRESS	12364 SW 94TH TERRACE		3.3 S	TREET	ADDRESS		
CITY-ST-ZIP	Miami Fl.		3.4. (	CITY-S	ST-ZIP		_
TITLE		DELETE	4.1 T	ITLE		Change Additi	on
NAME			4.21	NAME			
STREET ADDRESS			4.3 \$	TREET	ADORESS		- 1
CITY-ST-ZIP			4.4 0	:TY-\$	ST-ZIP		
TITLE		DELETE	5,1 T			Change Addition	on
NAME			5.21	IAME			
STREET ADDRESS			4		ADDRESS		
			4	XITY-S	i		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 7		W - TH.	☐ Change ☐ Additi	on
NAME				AME		<del>-</del>	
					ADDRESS		
STREET ADDRESS							
CITY-ST-ZIP 6  14. I hereby certify that the information supplied with this filing does not qualify for the				CITY-ST-ZIP xemotion stated in S		Section 119 07(3)(i) Fiorida Statutes, I further certify that the information	<u>-</u>
14. Inereby C	ermy that the information supplied will on this applied report or expolemental	n this filing does not quality i	curata ar	nd th	at my cianature	e shall have the same legal effect as if made under oath; that I am an	.

4. 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 organ attachment with an address.

SIGNATURE:

O'CANADUBE/ RECOULED

× 1/23/98 × 305-593-5420

CR2E034 (10/97)