FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED

DOCUMENT # **G33518** **(3)**

1. Corporate Name

KATZMAN CORPORATION

Principal Place of Business	Mailing Address
1211 GULF OF MEXICO DR. #111 LONGBOAT KEY FL 34228	1211 GULF OF MEXICO DR #111 LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/11/1983**	3a. Date of Last Report: **04/06/1994**
4. FEI Number: **59-2292656**	☐ 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 been granted the [illegible] Florida Statutes: ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KATZMAN, DANIEL 1211 GULF OF MEXICO DR. #111 LONGBOAT KEY FL 34228	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 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: [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE	DS	☐ Change ☐ Addition
NAME	KATZMAN, DANIEL	
STREET ADDRESS	1211 GULF OF MEXICO DR.	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	PD	☐ Change ☐ Addition
NAME	KATZMAN, STEVE	
STREET ADDRESS	2170 MCCLELLAN PKWY	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this report is 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 above, or on an attachment with an [illegible]

SIGNATURE: Daniel Katzman 3-13-95 813-383-8168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0348700 CP