FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
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[illegible] FLORIDA

DOCUMENT # **G73858** **(4)**

1. Corporate Name
TWIN OAKS OF BRADENTON, INC.

Principal Place of Business
% DANIEL KATZMAN
1211 GULF OF MEXICO DR. #111
LONGBOAT KEY FL 34228

Mailing Address
% DANIEL KATZMAN
1211 GULF OF MEXICO DR. #111
LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/14/1983**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
24 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 30

4. FEI Number: **59-2380323** — 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. Transportation Tax Will Be Paid Pursuant to Section 319.32 Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KATZMAN, DANIEL
1211 GULF OF MEXICO DR. #111
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

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 Section 607.0501 and 607.1008, 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 I accept the obligations of Section 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	DP	TITLE	☐ Change ☐ Addition
NAME	KATZMAN, DANIEL	NAME	
STREET ADDRESS	1211 GULF MEXICO DR #111	STREET ADDRESS	
CITY, ST, ZIP	LONGBOAT KEY FL	CITY, ST, ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	KATZMAN, STEVEN E.	NAME	
STREET ADDRESS	2170 MCCLEMMAN PKWY	STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	CITY, ST, ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	KATZMAN, RUTH	NAME	
STREET ADDRESS	1211 GULF MEXICO DR #111	STREET ADDRESS	
CITY, ST, ZIP	LONGBOAT KEY FL	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is accurate, complete and does not modify or impair the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained in the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and validity as if made under oath. That I am an officer or director of the corporation or the receiver or trustee or another officer authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the report and is typed or printed within it.

SIGNATURE: Daniel Katzman — 3/13/95 — 813-3539166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0340784 CP