

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

①

97 OCT 13 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G80899** (9)
1. Corporation Name
LAWRENCE S. KLITZMAN, P.A.



Principal Place of Business
**2665 SOUTH BAYSHORE DR
SUITE M 103
COCONUT GROVE FL 33133-5401**

Mailing Address
**2665 SOUTH BAYSHORE DR
SUITE M 103
COCONUT GROVE FL 33133-5401**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1984		3a. Date of Last Report 01/02/1997	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2351531		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**KLITZMAN, LAWRENCE S
2665 S BAYSHORE DR
SUITE M103
COCONUT GROVE FL 32322**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLITZMAN, LAWRENCE S	1.2 NAME	
STREET ADDRESS	2665 S BAYSHORE M103	1.3 STREET ADDRESS	800002321258--4
CITY-ST-ZIP	COCONUT GROVE FL	1.4 CITY-ST-ZIP	-10/15/97-01092--012
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	****165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

CR2E034 (4/97)

SL 10-15-97

9/1/97 3058546611

(2)

LAWRENCE S. KLITZMAN P.A.
(Attorney at Law)

October 1, 1997
Via U.S. Mail

Florida Department of State
409 E. Gaines Street
Post Office Box 6327
Tallahassee, Florida 32314

RE: Lawrence S. Klitzman, P.A.

Gentlemen:

I am enclosing herewith the Annual Report of the above named corporation along with a check in the amount of \$165 representing the filing fee. On May 15, 1997, I talked to Stacy in your office and was informed that the above corporation had paid its 1997 fee in conjunction with a reinstatement which occurred in January, 1997. Accordingly, the report was not previously filed. In July, 1997, I received a notification that the filing fees had not been paid and the increased filing fee was due. Through conversations with your offices I was advised to remit the \$165 fee with a letter explaining the circumstances.

I trust you will accept this payment as full payment for the 1997 Annual Report of this company.

Thank you.

Very truly yours,



Lawrence S. Klitzman

Enclosure
klitzman@FLDIPSTL.925