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FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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	
21 3225 Aviation Ave		26 3225 Aviation Ave		01/01/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 700		27 700		59-2351531	
City & State		City & State		Applied For	
23 COCONUT GROVE FLORIDA		28 COCONUT GROVE FLORIDA		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33133		29 33133		30 USA	
Country		Country		31 USA	
25 USA		30 USA		31 USA	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KLITZMAN, LAWRENCE S 2665 S BAYSHORE DR SUITE M103 COCONUT GROVE FL 32322		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		3225 Aviation Ave Suite 700	
		83	
		84 City	
		COCONUT GROVE	
		FL	
		85 Zip Code	
		33133	

11. Pursuant to the provisions of Sections 607.02 and 607.1506, 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 duties of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 stockholder 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 additional sheet with an address.

CR2E034 (10/97)