

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
AND
FILED

95 MAR -6 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H44777**

(1)

1. Corporation Name

LAWRENCE KUSNITZ, P.A.

Principal Place of Business

**2500 NORTH UNIVERSITY DRIVE
SUNRISE FL 33322**

Mailing Address

**2500 NORTH UNIVERSITY DRIVE
SUNRISE FL 33322**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/27/1985

3a. Date of Last Report

02/15/1994

4. FEI Number

59-2547268

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 liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

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State, Apt. #, etc.

2a. Mailing Address

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State, Apt. #, etc.

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City & State

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City & State

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Zip

Country

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Zip

Country

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9. Name and Address of Current Registered Agent

**KUSNITZ, LARRY
2500 NORTH UNIVERSITY DRIVE
SUNRISE FL 33322**

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 of the person named in section 9 above) (print name of the person named in section 9 above)

(Signature of the person named in section 10 above) (print name of the person named in section 10 above)

DATE

12. OFFICERS AND DIRECTORS

12.1

**PD
KUSNITZ, LAWRENCE
2500 N UNIVERSITY DR
SUNRISE FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 any attachment with an address.

SIGNATURE:

Lawrence Kusnitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature Name)