## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** H79220

(0)

KONICOFF & KURTZMAN, M.D., P.A.

<u> </u>											
Principal Place of Business Mailing Address			ailing Address				r samen in Holl if			te Melikat Melikat	
120 WEST PALMETTO PARK RD BOCA RATON FL 33432			120 WEST PALMETTO PARK RD BOCA RATON FL 33432								
							3. Date Incorporat 10/04/198			of Last R	
re i	Place of Business	<b>⊢</b> − −	Mailing Address				4. FEI Number			,	Applied For
21		26			<del></del>		59-26569	920			Not Applicable
Suite, Apt		27	Suite, Apt. #, etc.				5. Certificate of St	atus Desired			Additional Required
Orty & Sta 23		28	City & State				<ol><li>Election Campa Trust Fund Con</li></ol>				<b>0</b> May Be d to Fees
Zip	Country Zip			Country			8. This corporation			x under s	199.032,
24	[25]	25   29   30   Name and Address of Current Registered Agent					Florida Statutes X Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Curr	ent Hegis	tered Agent	8	1 Name		10. Name and Ad	dress of New F	legistered .	Agent	
KONIO	OFF DOUGLD C			Ľ			zita K	urtem			
	OFF, DONALD S.			8:	2 Street A		s (P.O. Box Number	is Not Acceptat			0
120 WEST PALMETTO PARK ROAD BOCA RATON FL 33432					3	120	$\omega$ r	almetto	Por	K Ro	1006
DUUA	MATURITE 33432				1						
			184.84	8	$\perp$ ' $\sim$	reci	a Rater		FL	. 1 3	p Code 3 ¥ 3 2
11. Pursuant or registe	t to the provisions of Sections 607.05 pred agent, or both, in the State of Flo	02 and 601 orida. Such	7.1508, Florida Statu i change was authori	ites, the above ized by the cor	-named co rogration's	rporati board	ion submits this state of directors. I hereby	ment for the pu	rpose of cha	anging its r	registered office
familiär v	with, and accept the objigations of Se	etico 607.	3505, Florida Statute	es.	1		2 J	accept the app	O	/	/
SIGNATURE	Bench	pu	Trum		Genit.	2 F	Surteman	200	<b>.</b>	1201	96
12.	Signature, typed or philled name of registered age OF HCERS A	ALC DIDEC		(C)TE Registered Ag	ent signature re	echired w		ANDER TO OFF	DATE	DIDECTO	50000
TIT.F	I DP	IND DINE C	DELETE	1. 1 1/1/1		<b>V</b>	ADDITIONS/CH		Ē	Change	Addition
NAME	KONICOFF, DONALD S.			1.2 NAME		$\nu$	RTZMAN.	BENITH	,	Drange	Addition
STREET AUDRESS	JOS IN BALAITTES BARK RI	מ			ET ADDRESS	120	w Palmet	to park Ro	ad		
CHY-ST-ZIP	BOCA RATON FL			14 DITY-	. ST . 7IP	Rec	e remon, e w Palmet a Rotin. F	1 3343	)		
DLF			DELETE	2 1 TITLE	<u> </u>		44, 14,7,11		<del></del> Г	Change	Addition
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STREET ADDRESS	.			2 3 STREE	ET ADDRESS						
CITY ST-ZIP				2 4 CiTY-	-ST-ZiP						
101.6			☐ DELETE	3 1 1 ITL						Change	☐ Addition
NAME				3.2 NAME							
STREET ACCURESS				33 STRE	et address						
CHY+S1+ZIP				3.4 CITY-	-ST-ZIP						
m.e			DELETE	4.1 THE						Change	Addition
NAME				4.2 NAME							
STREET ADDRESS				4.3 STREE	ET ADDRESS						
CITY+\$T-ZIP				4 4 CITY				*** · · · · · · · · · · · · · · · · · ·			
THUE			☐ DELETE	5 1 Title	İ					Change	Addition
NAME				5.2 NAMS							
STREET ADDRESS					ET ADDRESS						
CHIY-ST ZIP			DELETE	5 4 City -						7 Chanas	- Addition
TITLE			El otre it	6 1 7171.6					L	Change	☐ Addition
: NAME : STREET ADDRESS				6.2 NAM8							
					ET ADDRESS						
14. I do here	L. by certify that the information supplied	d with this	filing is voluntarily for	6.4 CITY-		lify for	the exemption stated	Lin Section 110	07(3)(k) Fb	rida Statut	tes I further
pertify the path; tha	at the information indicated on this an it I am an officer or director of the cor in Block 12 or Block 12 f changed, o	inual repor poration or	t or supplemental and rithe receiver or truste	nual report is t ee empowered	rue and ac	curate.	and that my signatur	e shall have the	same lenal	offect as if	f made under

SIGNATURE:

Benja Kurtman vo 3/11/96 407.395-7616