

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H82708** (9)

1. Corporation Name

LAW OFFICES OF KRIS E. PENZELL, P.A.



Principal Place of Business

**1330 18 ST
MIAMI BEACH FL 33139
US**

Mailing Address

**1330 18 ST
MIAMI BEACH FL 33139
US**

3. Date Incorporated or Qualified
10/25/1985

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

21 **407 Lincoln Road**

Suite, Apt. #, etc.

22 **#10-D**

City & State

23 **Miami Beach, FL**

Zip

24 **33139**

Country

25 **USA**

2a. Mailing Address

26 **407 Lincoln Road**

Suite, Apt. #, etc.

27 **#10-D**

City & State

28 **Miami Beach, FL**

Zip

29 **33139**

Country

30 **USA**

4. FFI Number

59-2594863

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

9. Name and Address of Current Registered Agent

**PENZELL, KRIS E.
1330 18 ST
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name

Kris E. Penzell

82 Street Address (P.O. Box Number is Not Acceptable)

407 Lincoln Road, Suite 10D

83

84 City

Miami Beach

FL

85 Zip Code

33139

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 and or printed name of registered agent and if not applicable

KRIS E. PENZELL

(NOTE: Registered Agent signature required when registering)

4-26-96

(DATE)

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **PENZELL, KRIS E.**

STREET ADDRESS **1330 18 ST**

CITY - ST - ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Kris E. Penzell**

1.3 STREET ADDRESS **407 Lincoln Road, Suite 10D**

1.4 CITY - ST - ZIP **Miami Beach, FL 33139**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KRIS E. PENZELL

4-26-96

(305) 531-3000

Exp.

Daytime Phone #

CR2E034 (12/95)