

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra L. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H97293** (5)

1. Corporation Name

KENNETH R. DREYFUSS, P.A.



Principal Place of Business

**14813 SW 140 PLACE
MIAMI FL 33186
US**

Mailing Address

**14813 SW 140 PLACE
MIAMI FL 33186
US**

2. Principal Place of Business

2a. Mailing Address

21	Subt., Apt. #, etc.		26	Subt., Apt. #, etc.	
22	City & State		27	City & State	
23	Zip	Country	28	Zip	Country
24			29		

9. Name and Address of Current Registered Agent

**DREYFUSS, KENNETH
14813 SW 140 PLACE
MIAMI FL 33186**

3. Date Incorporated or Qualified

02/03/1986

3a. Date of Last Report

02/20/1995

4. FFI Number

59-2627992

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

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 607.02(2) and 607.11(3), 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, and hereby, accept this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.02(2), Florida Statutes.

SIGNATURE

Signature of the person submitting this report to the Department

Signature of the person submitting this report to the Department

DATE

12. OFFICERS AND DIRECTORS

12.1	TITLE	PSD	☐ DELETE
12.2	NAME	DREYFUSS, KENNETH	
12.3	STREET ADDRESS	14813 SW 140 PLACE	
12.4	CITY-STATE-ZIP	MIAMI FL	
12.5	TITLE		☐ DELETE
12.6	NAME		
12.7	STREET ADDRESS		
12.8	CITY-STATE-ZIP		
12.9	TITLE		☐ DELETE
12.10	NAME		
12.11	STREET ADDRESS		
12.12	CITY-STATE-ZIP		
12.13	TITLE		☐ DELETE
12.14	NAME		
12.15	STREET ADDRESS		
12.16	CITY-STATE-ZIP		
12.17	TITLE		☐ DELETE
12.18	NAME		
12.19	STREET ADDRESS		
12.20	CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	☐ Change ☐ Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-STATE-ZIP	
13.5	TITLE	☐ Change ☐ Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY-STATE-ZIP	
13.9	TITLE	☐ Change ☐ Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY-STATE-ZIP	
13.13	TITLE	☐ Change ☐ Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY-STATE-ZIP	
13.17	TITLE	☐ Change ☐ Addition
13.18	NAME	
13.19	STREET ADDRESS	
13.20	CITY-STATE-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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 manager 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

Kenneth R. Dreyfuss, President

4/16/96

305-252-9659

CR2E034 (12/95)