

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON CH BEFORE 8/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 26 AM 9:14

DOCUMENT # J24352

(3)

1. Corporation Name

DAVID M. KRAUSE, P.A.

Principal Place of Business

7700 N. KENDALL DR
STE 515
MIAMI FL 33156
US

Mailing Address

1080 LOVE COURT
BOULDER CO 80303
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/16/1986

3a. Date of Last Report

04/14/1994

4. FEI Number

59-2728723

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

6. This corporation has liability for intangible tax under s. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 801 BRICKELL AVENUE

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1501

Suite, Apt. #, etc.

27 City & State

City & State

23 MIAMI FL

City & State

28 Zip

Zip

24 33131

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAUSE, DAVID M.
7700 N. KENDALL DR
STE 515
MIAMI FL 33156

81 Name

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

801 BRICKELL AVENUE
SUITE 1501

83 City

MIAMI

FL

85 Zip Code

33131

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

KRAUSE, DAVID M.

STREET ADDRESS

7700 N. KENDALL DR STE 515

CITY - ST - ZIP

MIAMI FL 33131

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

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