FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Saridra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** J51051 Corporation Name DENTON M. KURTZ, M.ED., P.A. Principal Place of Business Mailing Address % DENTON M. KURTZ % DENTON M. KURTZ 1201 LOUISIANA AVE., #B 1201 LOUISIANA AVENUE #B WINTER PARK FL 32789-2340 WINTER PARK FL 32789-2340 3. Date Incorporated or Qualified 3a. Date of Last Report 01/08/1987 04/28/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2759890 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 \Box Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country Country 8. This corporation has liability for intangible tax under s 199.032. 24 25 29 30 Florida Statutes Yes 🗌 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KURTZ, DENTON M. 82 Street Address (P.O. Box Number is Not Acceptable) 1201 LOUISIANA AVE SUITE B 83 WINTER PARK FL 32789 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 familiar with, and accept the obligations of, Section 607,0505. Florida Statutes. SIGNATURE: Signature, typod Signature in order procedure the order operation Both Buy to ad Agent significan respect vision named and DATE 12. OFFICERS AND DIRECTORS 13. (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TUTLE DELETE 1 1 HILE ☐ Change Addition NAME KURTZ, DENTON M 1.2 NAME CR2E034 STREET ADDRESS 1201 LOUISIANA AVE 13 STREET ADDRESS WINTER PARK FL CITY - ST- ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.11058 Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS C/TY - ST - ZIP 2.4 Cilly - ST - 2iP TITLE DEL ETE 3 1 THILE Addition Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 City - \$1 - ZiP Tatue DELETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STRYET ADDRESS CITY - ST - ZIP 4.4 CITY - ST. ZIP TIFLE DELETE 5 1 II'LE Change Addition NAME 5.2 NAME STREET ADDRESS 5 RISTREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP TITLE DELETE 6.1 TOLE Change Addition NAME C 2 NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE: XILLUS MILLUS DENTON 11 KURTZ 43996 407 629-900

4. If do hereby certify that the information supplied wait this firing 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 supplierental annual report is true and accurate and that my signature shall have the same legal effect as if made under annual report is true and accurate and that my signature shall have the same legal effect as if made under annual report is the execute this report as required by Chapter 607. Florida Statutes; and that my name

CITY-ST-ZIP