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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 DEC 10 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *90*

DOCUMENT # J62602 (4)

1. Corporation Name

KEITH M. KRASNOVE, P.A.

Principal Place of Business

3300 UNIVERSITY DRIVE, SUITE 610
CORAL SPRINGS FL 33065

Mailing Address

3300 UNIVERSITY DRIVE, SUITE 610
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified
03/19/1987

3a. Date of Last Report
07/03/1995

4. FEI Number
59-2819048

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

2. Principal Place of Business

21 2409 UNIVERSITY DR.

2a. Mailing Address

26 2409 UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 CORAL SPRINGS FL

City & State

28 CORAL SPRINGS FL

Zip

24 33065

Country

Zip

29 33065

Country

30

9. Name and Address of Current Registered Agent

KRASNOVE, KEITH M
3300 UNIVERSITY DRIVE, SUITE 610
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name KEITH M. KRASNOVE

82 Street Address (P.O. Box Number is Not Acceptable)
2409 UNIVERSITY DRIVE

83

84 City CORAL SPRINGS

FL

85

Zip Code 33065

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

Keith M. Krasnov

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Dec. 9, 1996

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE
NAME KRASNOVE, KEITH M
STREET ADDRESS ~~3300 UNIVERSITY DRIVE, SUITE 610~~
CITY - ST - ZIP ~~CORAL SPRINGS FL 33065~~

TITLE ☐ DELETE
NAME
STREET ADDRESS 2409 UNIVERSITY DRIVE
CITY - ST - ZIP CORAL SPRINGS FL 33065

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 PVST ☒ Change ☐ Addition
1.2 NAME KRASNOVE, KEITH M
1.3 STREET ADDRESS 2409 UNIVERSITY DRIVE
1.4 CITY - ST - ZIP CORAL SPRINGS FL 33065

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 600002027806--9
2.4 CITY - ST - ZIP -12/12/96--01095--009
***383.75 ***383.75

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)(g), 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:

Keith M. Krasnov

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

12/9/96

954 252500

Date

Daytime Phone #

CR2E034 (12/95)