

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **L51040** (8)

1. Corporation Name

MARVIN A. KIRSNER, P.A.

Principal Place of Business

**2255 GLADES ROAD
SUITE 300 EAST
BOCA RATON FL 33431**

Mailing Address

**2255 GLADES ROAD
SUITE 300 EAST
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1990

4. FEI Number

65-0188182

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 2255 Glades Road

Suite, Apt. #, etc.

22 Suite 419

City & State

23 Boca Raton, FL

Zip

24 33431

Country

25 U.S.

2a. Mailing Address

26 2255 Glades Road

Suite, Apt. #, etc.

27 Suite 419

City & State

28 Boca Raton, FL

Zip

29 33431

Country

30 U.S.

9. Name and Address of Current Registered Agent

**KIRSNER, MARVIN A
2255 GLADES ROAD
SUITE 300 EAST
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name

Marvin A. Kirsner

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

2255 Glades Road

83

Suite 419

84 City

Boca Raton

85

Zip Code

FL

33431

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

Marvin A. Kirsner
Signature, typed or printed name of registered agent and title if applicable

Marvin A. Kirsner

4/13/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **KIRSNER, MARVIN A**
STREET ADDRESS **2255 GLADES ROAD, SUITE 300 EAST**
CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Kirsner, Marvin A.**
1.3 STREET ADDRESS **2255 Glades Road, Suite 419**
1.4 CITY-ST-ZIP **Boca Raton, FL 33431**

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

MARVIN A. KIRSNER, P.A.

SIGNATURE: By: *Marvin A. Kirsner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Marvin A. Kirsner**

4/13/98

(561) 912-3230

Daytime Phone # **0326731**

CR2E034 (10/97)