

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

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APR 5 1995

DOCUMENT # L53481

(2)

1. Corporation Name

KORNFELD ASSOCIATES LTD., INC.

Principal Place of Business

% STEPHEN H. KORNFELD
719 N OCEAN BLVD
DELRAY BEACH FL 33483

Mailing Address

% STEPHEN H. KORNFELD
719 N OCEAN BLVD
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1990

3a. Date of Last Report

11/23/1994

4. FEI Number

52-1683245

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

ZIP

Country

ZIP

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KORNFELD, STEPHEN H.
719 N OCEAN BLVD
DELRAY BEACH FL 33483

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 607.0502 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 607.0502, Florida Statutes.

SIGNATURE

[Signature]

NOTE: Registered Agent signature required when (re)registering

DATE: April 5, 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
KORNFELD, STEPHEN H.
719 N OCEAN BLVD
DELRAY BEACH FL

1 TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
KORNFELD, LOUISE
719 N OCEAN BLVD
DELRAY BEACH FL

2 TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3 TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4 TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5 TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6 TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

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 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 (as applicable), or on a supplemental statement with an address.

SIGNATURE:

[Signature] Stephen Kornfeld

DATE: April 5, 1995 407-243-7970