FOR PROFIT CORPORATION ANNUAL REPORT (AR)

7/2

FILED
Aug 15, 2006 8:00 am
Secretary of State

07-24-2006 90008 001 ***150.00

DOCUMENT # M36159

1. Entity Name
JORDAN KATZ REAL ESTATE INC.
6801 LAKE WORTH ROAD
LAKE WORTH, FL. 33467-2955

DO NOT WRITE IN THIS SPACE

66023074

CR2E034B (8/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2709213 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: THELMA KATZ

Street Address (P.O. Box Number is Not Acceptable): 5312 FOUNTAINS DR S.

City: LAKE WORTH, FL Zip Code: 33467

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Thelma Katz
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
ROBERT WYMAN PRESIDENT 3095 S. MILITARY TR. #5 LAKE WORTH, FL. 33463-2105	
ROBERT WYMAN VICE-PRESIDENT 3095 S. MILITARY TR. #5 LAKE WORTH, FL. 33463-2105	
ROBERT WYMAN TREASURER 3095 S MILITARY TR. #5 LAKE WORTH, FL. 33463-2105	DO NOT WRITE IN THIS SPACE
ROBERT WYMAN 3095 S. MILITARY TR. #5 LAKE WORTH, FL. 33463-2105	

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Thelma Katz
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR Date Daytime Phone #