FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

05 APR 13 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M77583** **(6)**

1. Corporation Name
KATZOFF DEVELOPMENT CORP.

100001456241
-04/14/95--01011--005
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2601 PALM AIRE DRIVE N. POMPANO BEACH, FL 33069	2601 PALM AIRE DRIVE N. POMPANO BEACH FL 33069

3. Date Incorporated or Qualified: **04/22/1988**
3a. Date of Last Report: **09/28/1994**

	2. Principal Place of Business	2a. Mailing Address
21	245 Peachtree Center Ave	245 Peachtree Center Ave
Suite, Apt. #, etc. 22	Suite 1100	Suite 1100
City & State 23	Atlanta GA	Atlanta, GA
Zip 24	30303	30303
County 25	USA	USA
27		
City & State 28		
Zip 29		
County 30		

4. FEI Number: 65-0046756 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	D/P ☐ Change ☐ Addition
NAME	HIXSON, C. LLOYD	12 NAME	C. Lloyd Hixson
STREET ADDRESS	2265 ROSWELL ROAD	13 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY ST ZIP	MARIETTA GA	14 CITY ST ZIP	Atlanta, GA 30303
TITLE	TSD	21 TITLE	D/ST/VP ☐ Change ☐ Addition
NAME	KOLB, ALLEN R	22 NAME	Allen R. Kolb
STREET ADDRESS	2265 ROSWELL ROAD	23 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY ST ZIP	MARIETTA GA	24 CITY ST ZIP	Atlanta, GA. 30303
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, GLENN	32 NAME	resigned
STREET ADDRESS	2265 ROSWELL ROAD	33 STREET ADDRESS	
CITY ST ZIP	MARIETTA GA	34 CITY ST ZIP	
TITLE	DC	41 TITLE	D/AS ☐ Change ☐ Addition
NAME	BARGANIER, J. MICHAEL	42 NAME	J. Michael Barganier
STREET ADDRESS	2265 ROSWELL ROAD	43 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY ST ZIP	MARIETTA GA	44 CITY ST ZIP	Atlanta, GA. 30303
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 changed, or on an attachment with an address.

SIGNATURE: _____ 4-7-95 (904) 230-6300
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
C. Lloyd Hixson
LW 4-13-95

0112443 CP