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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M99204 (3)

1. Corporation Name:
KATHE KOZLOWSKI, P.A.

Principal Place of Business:

9100 S. DADELAND BLVD.
#408
MIAMI FL 33156

Mailing Address:

9100 S. DADELAND BLVD.
#408
MIAMI FL 33156-7815



2. Principal Place of Business:

21 1550 MADRUGA AVE

22 301

23 CORAL GABLES FL

24 33146

2a. Mailing Address:

26 P O BOX 4607

27 B.

28 BOYNDON BCH FL

29 33424

30 PALM BCH

3. Date Incorporated or Qualified
09/20/1988

3a. Date of Last Report
04/23/1996

4. FEI Number
65-0073523

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

KOZLOWSKI, KATHE
1550 MADRUGA AVENUE
SUITE 301
CORAL GABLES FL 33146

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:

(Signature of person who is registered agent or who is authorized to appoint a registered agent)

(Signature of Registered Agent (signature required when reinstating))

DATE:

12. OFFICERS AND DIRECTORS

1-1 NAME
D
KOZLOWSKI, KATHE
1550 MADRUGA AVENUE #301
CORAL GABLES FL
2-1 NAME
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100-1 NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
2-1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
3-1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
4-1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
5-1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
6-1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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 contained in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Day(s) & Month & Year

02145A1

CR2E034 (9/96)