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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P93000028650 (8) 1. Corporation Name JEFFREY S. KURTZ, P.A.								
Principal Place of Business M.: 1200 CORPORATE WAY CENTER SUITE 201 WELLINGTON FL 33414			Jing Address 1200 Corp. Center Way Suite 201 WELLINGTON FL 33414					
US			US			3. Date Incorporated or Qualified 04/16/1993	3a. Date of Last 04/25/	Recort 1995
2. Principal Pla	ace of Business	2a.	Maling Address		***************************************	4. FEI Number 65-0403145		Applied For Not Applicable
Suite, Apt. #, etc. 27 City & State 28			Suite, Apt. #, etc. City & State		5. Certificate of Status Desired	· ·	\$8.75 Additional Fee Required	
					6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip 24	Country 25	29	Zφ	Count 30	Ϋ́	8. This corporation has liability for a Florida Statutes Yes		s 199.032,
	9. Name and Address of Curre	ent Registe	ered Agent			10. Name and Address of New R	tegistered Agent	
MINT	IECEDEV 6			8	1 Name			
KURTZ, JEFFREY S 1200 CORPORATE CENTER WAY			82 Street Ad		2 Street Add	iress (P.O. Box Number is Not Acceptable)		
SUITE			83		3			
WELLINGTON FL 33414			84 City		4 City		85	Zip Code
44 6	100000000000000000000000000000000000000		7500 Ft. 4. O. L.			S. Maria	FL T	
or registere	ed agent, or both, in the State of Flo th, and accept the obligations of, Sec	rida Such	change was authorize	ed by the co	rporation's hoa	oration submits this statement for the pur and of directors. Thereby accept the app	ointruent as registers	ed agent I am
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SIGNATURE _	Signature, typied or printed name of registered ag- OFFICERS AI			'r ['] Roguleied A _e ■ 13.	gend skyl aturé reduire	nd when the stating ADD/TIONS/CHANGES TO OFF		ORS IN 12
	OFFICERS AT							
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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 undo oath; that I am an officer or director of the comporation 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.

GNATURE:

SUBJECTANCE AND TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR

Chapter Physics

Chapter 5/28/96 (407)793.2400

SIGNATURE: