

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000080405 (2)

1. Corporation Name

HOWARD E. KURZWEIL, P.A.



Principal Place of Business

328 MINORCA AVE.
2ND FLOOR
CORAL GABLES FL 33134

Mailing Address

328 MINORCA AVE.
2ND FLOOR
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

01/01/1994

3a. Date of Last Report

01/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0452161

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KURZWEIL, HOWARD E ESQ
328 MINORCA AVE.
2ND FLOOR
CORAL GABLES FL 33134

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, typed or printed name of registered agent and street if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KURZWEIL, HOWARD E
STREET ADDRESS 328 MINORCA AVE., 2ND FLOOR
CITY-ST-ZIP CORAL GABLES FL 33134
TITLE ☐ DELETE

1.1 TITLE President, Secretary, Treasurer
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
☐ Change ☒ Addition

STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE

2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE

3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE

4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE

5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE

6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

NAME
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CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE

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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *Howard E. Kurzweil, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/96
Date

888 442 7085
Daytime Phone #

CR2E034 (12/95)