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

95 MAY -1 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000002059 (1)

1. Corporation Name

BRUCE I. KRAVITZ, P.A.

Principal Place of Business	Mailing Address
11440 OKEECHOBEE BLVD SUITE 206 ROYAL PALM BEACH FL	11440 OKEECHOBEE BLVD SUITE 206 ROYAL PALM BEACH FL

3. Date Incorporated or Qualified: 01/03/1994
3a. Date of Last Report:

4. FEI Number: 65-0459264 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	21	2a. Mailing Address	26
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27
City & State	23	City & State	28
Zip 24 / Country 25		Zip 29 / Country 30	

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	10. Name and Address of New Registered Agent
KRAVITZ, BRUCE I 11440 OKEECHOBEE BLVD SUITE 206 ROYAL PALM BEACH FL	81 Name: KRAVITZ, BRUCE I. P.A. 82 Street Address (P.O. Box Number is Not Acceptable): 11440 Okeechobee Blvd 83 Suite 218 84 City: Royal Palm Beach, FL 85 Zip Code: 33411

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] BRUCE I. KRAVITZ APRIL 27, 1995
Signature, Typed or Printed Name of Registered Agent and Title if Applicable — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1 TITLE	D/P	☒ Change ☐ Addition
NAME	KRAVITZ, BRUCE I	1 NAME	KRAVITZ, BRUCE I.	
STREET ADDRESS	11440 OKEECHOBEE BLVD	1 STREET ADDRESS	11440 OKEECHOBEE BLVD	
CITY ST ZIP	ROYAL PALM BEACH FL	1 CITY ST ZIP	ROYAL PALM BEACH, FL 33411	
TITLE		2 TITLE	TREASURER	☐ Change ☒ Addition
NAME		2 NAME	SHERRIE L. RAMSDELL	
STREET ADDRESS		2 STREET ADDRESS	11440 OKEECHOBEE BLVD	
CITY ST ZIP		2 CITY ST ZIP	~~ROYAL PALM BEACH, FL 33411~~	
TITLE		3 TITLE		☐ Change ☐ Addition
NAME		3 NAME		
STREET ADDRESS		3 STREET ADDRESS		
CITY ST ZIP		3 CITY ST ZIP		
TITLE		4 TITLE		☐ Change ☐ Addition
NAME		4 NAME		
STREET ADDRESS		4 STREET ADDRESS		
CITY ST ZIP		4 CITY ST ZIP		
TITLE		5 TITLE		☐ Change ☐ Addition
NAME		5 NAME		
STREET ADDRESS		5 STREET ADDRESS		
CITY ST ZIP		5 CITY ST ZIP		
TITLE		6 TITLE		☐ Change ☐ Addition
NAME		6 NAME		
STREET ADDRESS		6 STREET ADDRESS		
CITY ST ZIP		6 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] BRUCE I. KRAVITZ APRIL 27, 1995 407 795 5373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0281617 CP