

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 # P94000002059 (1)

1. Corporation Name

BRUCE I. KRAVITZ, P.A.



Principal Place of Business

11440 OKEECHOBEE BLVD
SUITE 206
ROYAL PALM BEACH FL

Mailing Address

11440 OKEECHOBEE BLVD
SUITE 206
ROYAL PALM BEACH FL

2. Principal Place of Business

21 11440 Okeechobee Blvd.

2a. Mailing Address

26 Suite Apt. #, etc.

22 Suite Apt. #, etc.

23 City & State

24 Zip

25 Country

27 Suite Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

01/03/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0459264

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

10. Name and Address of New Registered Agent

KRAVITZ, BRUCE I
11440 OKEECHOBEE BLVD
SUITE 218
ROYAL PALM BEACH FL

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 the corporation

(If DLE, Registered Agent Signature Required When Not Stated)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP
KRAVITZ, BRUCE I
11440 OKEECHOBEE BLVD
ROYAL PALM BEACH FL

DELETE

1.2 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T
RAMSDALL, SHERRIE L
11440 OKEECHOBEE BLVD
ROYAL PALM BEACH FL

DELETE

1.3 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

1.4 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

1.5 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

1.6 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

25

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

35

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

45

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

55

6.1 TITLE

62 NAME

63 STREET ADDRESS

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date and Phone #

CR2E034 (12/95)