## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400002059 (1)

BRUCE I. KRAVITZ, P.A.

1

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

Principal Place of Business Mailing Address 11440 OKEECHOBEE BLVD 11440 OKEECHOBEE BLVD STE #219 STE #219 DO NOT WRITE IN THIS SPACE ROYAL PALM BEACH FL ROYAL PALM BEACH FL 3. Date incorporated or Qualified 01/03/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0459264 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired  $\Box$ Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Country Zip This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name KRAVITZ, BRUCE I 11440 OKEECHOBEE BLVD Street Address (P.O. Box Number is Not Acceptable) 82 STE #219 83 **ROYAL PALM BEACH FL 33411** 84 City 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 title if upplicable (NOTE: Registered Agent signature required when reinstaling) DATE CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition TITLE 11 TITLE KRAVITZ, BRUCE I NAME 1.2 NAME 11440 OKEECHOBEE BLVD STREET ADDRESS 1.3 STREET ADDRESS **ROYAL PALM BEACH FL** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE RAMSDELL, SHERRIE L 2.2 NAME 11440 OKEECHOBEE BLVD, #219 STREET ADDRESS 2.3 STREET ADDRESS ROYAL PALM BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME

6.4 CITY-ST-ZIP

14. Thereby 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 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

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Addition

**FILED** 

Apr 30 1998 8:00am

Secretary of State