

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000003449 (3)

1. Corporation Name

RICHARD M. KAGAN, P.A.



Principal Place of Business

1381 COTTONWOOD CIRCLE  
FT. LAUDERDALE FL 33326

Mailing Address

1381 COTTONWOOD CIRCLE  
FT. LAUDERDALE FL 33326

3. Date Incorporated or Qualified

01/06/1994

3a. Date of Last Report

04/06/1995

2. Principal Place of Business

21 2087 AUGUSTA

2a. Mailing Address

26 2087 AUGUSTA

4. FEI Number

65-0456491

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

23 FL. LAUD. FL

28 FL. LAUD. FL.

24 33326

25 USA

29 33326

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAGAN, RICHARD M  
1381 COTTONWOOD CIRCLE  
FT. LAUDERDALE FL 33326

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2087 AUGUSTA

83

84 City

FT. LAUD.

FL

85 Zip Code

33326

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME KAGAN, RICHARD M  
STREET ADDRESS 1381 COTTONWOOD CIRCLE  
CITY-ST-ZIP FT. LAUDERDALE FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME 2087 AUGUSTA  
13 STREET ADDRESS FT. LAUD., FL. 33326  
14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

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

Daytime Phone #

4/30/96 454-389-1502

CR2E034 (12/95)