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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P94000028350 (4) 1. Corporation Name KATHRYN HOLTZMAN, P.A. Principal Place of Business Mailing Address 319 S.E. 14TH ST FT LAUDERDALE FL 33316 US FT LAUDERDALE FL 33316							
UŞ		US			3. Date Incorporated or Qualified	3a. Date of Last	t Report
2 Principal (Principal Place of Business 2a. Mailing Address				04/11/1994	04/18/1	1995
28. Walling Address					4. FEI Number 65-0482011		Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.					40.72		Not Applicable
22				5. Certificate of Status Desired		Pagaitional Reguired	
			State		6. Election Campaign Financing	\$5.	.00 May Be
Zip	Country	28 Zip	Cour	ata.	Trust Fund Contribution	Ade	ded to Fees
24	25	29	Cour	ıu y	This corporation has liability for in Florida Statutes Yes	intangible tax under	s 199.032,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R		· · · · · · · · · · · · · · · · · · ·
HOL 77	MAN, KATHRYN			81 Name			
1126 S FEDERAL HWY SUITE 324					ress (P.O. Box Number is Not Acceptab	le)	
F1 LAU	JDERDALE FL 33316			B3			
				84 City		— 85	Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508. Florida Statu	ites, the above	re-named corpo	ration submits this statement for the puri rd of directors. I hereby accept the appo	FL °'	
SIGNATURE		ent and title if applicable (N ND DIRECTORS	IOTE: Registered A	igent signature require	ನ when reinstating) ADDITIONS/CHANGES TO OFF)	CATE	FORS IN 12
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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.

GNATURE:

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date

Displace Provided

Date

SIGNATURE: