

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

FILED  
Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000028350 (4)**

1. Corporation Name

**KATHRYN HOLTZMAN, P.A.**

Principal Place of Business

**319 S.E. 14TH ST  
FT LAUDERDALE FL 33316  
US**

Mailing Address

**319 S.E. 14TH ST  
FT LAUDERDALE FL 33316  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/11/1994**

4. FEI Number

**65-0482011**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 <b>1126 S. FEDERAL</b>	26 <b>1126 S. Federal</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>102</b>	27 <b>102</b>
City & State	City & State
23 <b>FT LAUDERDALE FL</b>	28 <b>FT LAUDERDALE FL</b>
Zip	Zip
24 <b>33316</b>	29 <b>33316</b>
Country	Country
25 <b>BROWARD</b>	30 <b>BROWARD</b>

9. Name and Address of Current Registered Agent

**HOLTZMAN, KATHRYN  
1029 CORDOVA RD  
FT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DP</b>	1.2 NAME
STREET ADDRESS <b>HOLTZMAN, KATHRYN</b>	1.3 STREET ADDRESS <b>1126 S. FEDERAL #102</b>
CITY-ST-ZIP <b>319 S.E. 14TH ST</b>	1.4 CITY-ST-ZIP
<b>FT LAUDERDALE FL</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	2.2 NAME
NAME <b>VST</b>	2.3 STREET ADDRESS <b>1126 S. FEDERAL #102</b>
STREET ADDRESS <b>HOLTZMAN, KATHRYN</b>	2.4 CITY-ST-ZIP
CITY-ST-ZIP <b>319 S.E. 14TH ST</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>FT LAUDERDALE FL</b>	3.2 NAME
TITLE <input type="checkbox"/> DELETE	3.3 STREET ADDRESS
NAME	3.4 CITY-ST-ZIP
STREET ADDRESS	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	4.2 NAME
TITLE <input type="checkbox"/> DELETE	4.3 STREET ADDRESS
NAME	4.4 CITY-ST-ZIP
STREET ADDRESS	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	5.2 NAME
TITLE <input type="checkbox"/> DELETE	5.3 STREET ADDRESS
NAME	5.4 CITY-ST-ZIP
STREET ADDRESS	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	6.2 NAME
TITLE <input type="checkbox"/> DELETE	6.3 STREET ADDRESS
NAME	6.4 CITY-ST-ZIP
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby 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.

SIGNATURE:

*Kathryn Holtzman, President*

*3-15-98*

CR2E034 (10/97)