

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**  
07-19-1999 90008 003 \*\*\*150.00

DOCUMENT # **P94000041823** ✓

1. Corporation Name  
**EZRA KAHN AND ASSOCIATES INC.**



Principal Place of Business  
**2915 SOUTH CONGRESS AVENUE  
SUITE F  
DELRAY BEACH FL 33445**

Mailing Address  
**2915 SOUTH CONGRESS AVENUE  
SUITE F  
DELRAY BEACH FL 33445**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/31/1994</b>	
4. FEI Number <b>65-0492939</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**KAHN, EZRA  
2915 SOUTH CONGRESS AVENUE  
SUITE F  
DELRAY BEACH FL 33445**

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 *Ezra Kahn*  
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	PVP <input type="checkbox"/> DELETE
NAME	<b>KAHN, EZRA</b>
STREET ADDRESS	<b>8770 WINDROW WAY</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>
TITLE	STD <input type="checkbox"/> DELETE
NAME	<b>KAHN, EZRA</b>
STREET ADDRESS	<b>8770 WINDROW WAY</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Ezra Kahn*

CR2E034 (5/99)

194000041823-3  
590397-98008  
**Daniel J. Weinberg, C.P.A.**

**Daniel J. Weinberg**  
Certified Public Accountant

July 2, 1999

Member:

American Institute of CPA's  
New York State Society of CPA's  
Florida Institute of CPA's

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Ezra Kahn and Associates, Inc.  
Document #: P94000041823  
EIN: 65-0492939

To Whom It May Concern:

As the accountant for the above referenced Corporation, we do hereby request an abatement of the penalty.

Our client mailed in the "original" Annual Report form along with a check for \$150.00 on March 29, 1999.

Upon receiving the "2<sup>nd</sup> Notice" form your office our client then reviewed their bank statements and canceled checks and discovered that this check had not cleared their account.

Enclosed is the signed "2<sup>nd</sup> Notice" Annual Report and a replacement check for \$150.00.

Thank you for your attention in this matter. If you have any questions or require any additional information, please do not hesitate to contact me.

Very truly yours,

  
Daniel J. Weinberg  
Certified Public Accountant

DJW/he

cc: Ezra Kahn

:kahn.annual.report.99.wpd:

4401 W. Hillsboro Blvd., Coconut Creek, FL 33073 • Tel.: (954) 428-8899 • Fax: (954) 428-6699