

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000060965 (8)

1. Corporation Name

DEBORAH FORD-KAUS, P.A.



Principal Place of Business

895
1800 SECOND STREET STE. 830
SARASOTA FL 34236

Mailing Address

P.O. Box 2800
1800 SECOND STREET STE. 830
SARASOTA FL 34236-2800

2. Principal Place of Business

21 1800 SECOND STREET

22 Suite, Apt. #, etc.
895

23 City & State
SARASOTA, FL

24 Zip
34236

25 Country
USA

2a. Mailing Address

26 P.O. Box 288

27 Suite, Apt. #, etc.

28 City & State
SARASOTA FL

29 Zip
34230-2800

30 Country
USA

3. Date Incorporated or Qualified

08/15/1994

3a. Date of Last Report

02/24/1995

4. FEI Number

65-0517614

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

9. Name and Address of Current Registered Agent

FORD-KAUS, DEBORAH
1800 SECOND STREET STE. 830
SARASOTA FL 34236

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 of person or persons registered agent and the applicable

(NOTE: Registered Agent signature required when terminating)

(Date)

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME FORD-KAUS, DEBORAH
STREET ADDRESS 1800 SECOND STREET STE 830
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change ☐ Addition ☒
12 NAME FORD-KAUS, DEBORAH
13 STREET ADDRESS 1800 SECOND ST. SUITE 895
14 CITY-ST-ZIP SARASOTA, FL 34230

21 TITLE ☐ Change ☐ Addition ☐
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition ☐
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition ☐
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition ☐
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition ☐
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH FORD-KAUS

7/1/96

941-365-4878

CR2E034 (3/96)