

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000093643 (2)**

1. Corporation Name

KATHRYN MARIE, INC.



Principal Place of Business

**203
263 E COMMERCIAL BLVD
LAUDERDALE-BY-THE-SEA FL 33308**

Mailing Address

**203
263 E COMMERCIAL BLVD
LAUDERDALE-BY-THE-SEA FL 33308**

2. Principal Place of Business

2a. Mailing Address

21 **263 Commercial Blvd**
State, Apt. #, etc.

26 **Same**
State, Apt. #, etc.

22 City & State

27 City & State

23 **lauderdale by the sea FL**

28 City & State

24 **33308**

25 **USA**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**LORENZINI, KATHRYN M.,
263 E COMMERCIAL BLVD #4
LAUDERDALE-BY-THE-SEA FL 33308**

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
12/27/1994

3a. Date of Last Report
05/01/1995

4. FFI Number
65-0555043

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature of the person authorized to sign this report

Signature of the person authorized to sign this report

Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	LORENZINI, KATHRYN M	
STREET ADDRESS	263 E COMMERCIAL BLVD #4	
CITY-STATE-ZIP	LAUDERDALE-BY-THE-SEA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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 607, Florida Statutes; and that my name appears in Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: **Kathryn M. Lorenzini**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

954-771-7005

CR2E034 (12/95)