

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000018602 (9)

1. Corporation Name

HARRY G. KAUFMANN, INC.



Principal Place of Business

Mailing Address

4351 S.E. 26TH STREET, #59  
OKEECHOBEE FL 34974-6525

4351 S.E. 26TH STREET, #59  
OKEECHOBEE FL 34974-6525

2. Principal Place of Business

2a. Mailing Address

21 4040 SE 24TH ST

26 4040 SE 24TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 OKEECHOBEE FL 34974-6525

28 OKEECHOBEE FL 34974-6525

24 34974-6525

25 OKEECHOBEE

29 34974-6525

30 OKEECHOBEE

9. Name and Address of Current Registered Agent

MEYER, HELEN  
4361 S.E. 26TH STREET  
#8  
OKEECHOBEE FL 34974-6525

81 Name

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

4040 SE 24TH ST

83

84 City

OKEECHOBEE

FL

85

Zip Code

34974

3. Date Incorporated or Qualified

03/06/1995

3a. Date of Last Report

4. FEI Number

65-0561976

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

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 the date of filing

(NOTE: Registered Agent signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME KAUFMANN, HARRY G  
STREET ADDRESS 4351 S.E. 26TH STREET, #59  
CITY-STATE-ZIP OKEECHOBEE FL 34974-6525

☐ DELETE

TITLE D  
NAME KAUFMANN, DOROTHY L  
STREET ADDRESS 4351 S.E. 26TH STREET, #59  
CITY-STATE-ZIP OKEECHOBEE FL 34974-6525

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

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CITY-STATE-ZIP

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CITY-STATE-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME KAUFMANN HARRY G  
1.3 STREET ADDRESS 4040 SE 24TH ST  
1.4 CITY-STATE-ZIP OKEECHOBEE FL 34974-6525

☒ Change  
☐ Addition

2.1 TITLE D  
2.2 NAME KAUFMANN DOROTHY L  
2.3 STREET ADDRESS 4040 S.E. 24 ST  
2.4 CITY-STATE-ZIP OKEECHOBEE FL 34974-6525

☒ Change  
☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: HARRY G. KAUFMANN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96 941 467 6054  
Daytime Phone #

4/3/96

CR2E034 (12/95)