

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 # P95000020194 (3)

1. Corporation Name

KOVENS & ASSOCIATES, INC.



Principal Place of Business

**1301 DADE BOULEVARD
MIAMI BEACH FL 33139**

Mailing Address

**1301 DADE BOULEVARD
MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified
03/13/1995

3a. Date of Last Report
N/A

2. Principal Place of Business
21 **12000 BISCAYNE BLVD.**

2a. Mailing Address
26 **12000 BISCAYNE BLVD**

4. FEI Number
65-0574393

Applied For
Not Applicable

22 Suite, Apt. #, etc.
Suite 803

27 Suite, Apt. #, etc.
Suite 803

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State
MIAMI FL

28 City & State
MIAMI FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip
33181

25 Country
DADE

29 Zip
33181

30 Country
DADE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BOULEVARD
1600 MIAMI CENTER
MIAMI FL 33131**

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 officer or principal officer of registered agent and the filer (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D KOVENS, ROZ**
STREET ADDRESS **1301 DADE BOULEVARD**
CITY - ST - ZIP **MIAMI BEACH FL 33139**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D KOVENS, ROZ**
1.3 STREET ADDRESS **12000 BISCAYNE BLVD, STE 803**
1.4 CITY - ST - ZIP **MIAMI FL 33181**

TITLE ☐ DELETE
NAME
STREET ADDRESS

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 6, 1996

305 893-6333

Telex

Daytime Phone #

CR2E034 (12/95)