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FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000045205 (8)

1. Corporation Name

BRUCE G. KASSMAN, P.A.

Principal Place of Business

1111 LINCOLN RD. MALL
PENTHOUSE 802
MIAMI BEACH FL 33139

Mailing Address

1111 LINCOLN RD. MALL
PENTHOUSE 802
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1995

4. FEI Number

65-0588682

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 1090 KANE CONCOURSE

Suite, Apt. #, etc.

22 SUITE 202

City & State

23 BAY HARBOR ISLANDS, FL

Zip

24 33154

Country

25 USA

2a. Mailing Address

26 P.O. Box 546260

Suite, Apt. #, etc.

27

City & State

28 SURFIDE, FL

Zip

29 33154

Country

30 USA

9. Name and Address of Current Registered Agent

BRUCE KASSMAN
1111 LINCOLN RD MALL
PENTHOUSE 802
MIAMI BCH FL 33189

81 Name

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

1090 KANE CONCOURSE, SUITE 202

83

84

BAY HARBOR ISLANDS FL

85 Zip Code

33154

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

Bruce Kassman
Signature, typed or printed name of registered agent and title if applicable

BRUCE KASSMAN

4-2-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME KASSMAN, BRUCE G
STREET ADDRESS 1111 LINCOLN RD. MALL, #802
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

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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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D/P/VP/T/S.
BRUCE KASSMAN
1.3 STREET ADDRESS 1090 KANE CONCOURSE, SUITE 202
1.4 CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Bruce Kassman
Signature, typed or printed name of registered agent and title if applicable

4-2-98

CR2E034 (10/97)