

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90201 032 ***150.00

DOCUMENT # P95000045205

1. Corporation Name
BRUCE G. KASSMAN, P.A.



Principal Place of Business
1090 KANE CONCOURSE
202
BAY HARBOR ISLANDS FL 33154
US

Mailing Address
PO BOX 546260
~~PENTHOUSE 802~~
SURFSIDE FL 33154
US

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
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 546030

22 City & State

27 Suite, Apt. #, etc.

23 Zip Country

28 SURFSIDE, FL

24

29 33154 30 US

9. Name and Address of Current Registered Agent

BRUCE KASSMAN
1090 KANE CONCOURSE STE 102
PENTHOUSE 802
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81 Name BRUCE KASSMAN
82 Street Address (P.O. Box Number is Not Acceptable)
1090 KANE CONCOURSE, #202
83
84 City BAY HARBOR ISLANDS FL 85 Zip Code 33154

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.

(NOTE: Registered Agent signature required when reinstating)

4-21-99
DATE

12. OFFICERS AND DIRECTORS

TITLE DPVT
NAME KASSMAN, BRUCE
STREET ADDRESS 1090 KANE CONCOURSE STE #202
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Bruce Kassman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRUCE KASSMAN, PRESIDENT 4/21/99 (305) 865-7777
Date Daytime Phone #

CR2E034 (1/1/98)