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 # P95000050107 (8)

1. Corporation Name

P. KAUFMAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4208 N.W. 73RD AVE CORAL SPRINGS FL 33065	4208 N.W. 73RD AVE CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified: **06/23/1995**

3a. Date of Last Report

2. Principal Place of Business: 21 4208 NW 73 AV

Suite, Apt. #, etc.: 22

City & State: 23 Coral Spg Fla 33065

Zip: 24 33065 Country: 25 Broward

2a. Mailing Address: 26 4208 NW 73 AV Coral Springs

Suite, Apt. #, etc.: 27

City & State: 28 Coral Springs Fl 33065

Zip: 29 33065 Country: 30 Broward

4. FEI Number: 65-0589962 ☐ 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

9. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
1301 SEMINOLE BLVD.
LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name: Patricia E Kaufman

82 Street Address (P.O. Box Number is Not Acceptable): 4208 NW 73 AV

83

84 City: Coral Spg **FL** 85 Zip Code: 33065

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: Patricia E Kaufman 8/6/96 Patricia E Kaufman 8/6/96

Signature, typed or printed name of registered agent and title if applicable | DATE | Corporate Officer signature required when Agent changes | DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	KAUFMAN, PATRICIA E	
STREET ADDRESS	4208 N.W. 73RD AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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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		
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 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: Patricia E Kaufman 8/4/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

Patricia E Kaufman

CR2E034 (12/95)