

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P95000063871**

1. Corporation Name

**CONRAD S. KULATZ, P.A.**

Principal Place of Business

**2001 SE 21 AVE  
FORT LAUDERDALE FL 33316  
US**

Mailing Address

**2001 SE 21 AVE  
FORT LAUDERDALE FL 33316  
US**

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90007 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/17/1995**

4. FEI Number

**65-0604050**

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. ☐ Yes ☒ No

2. Principal Place of Business

**21 5820 Bayview Dr.**  
Suite, Apt. #, etc.

**22 Fort Lauderdale**  
City & State

**23 Florida**  
City & State

**24 33308** **25 Broward**  
Zip Country

2a. Mailing Address

**26 5820 Bayview Dr.**  
Suite, Apt. #, etc.

**27 Fort Lauderdale**  
City & State

**28 Florida**  
City & State

**29 33308** **30 Broward**  
Zip Country

9. Name and Address of Current Registered Agent

**KULATZ, CONRAD S ESQ.  
633 SOUTHEAST THIRD AVENUE  
SUITE 4-R  
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **KULATZ, CONRAD S ESQ.**  
STREET ADDRESS **633 SOUTHEAST THIRD AVENUE, SUITE 4-R**  
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

**SIGNATURE REQUIRED**

**7-249 (954) 527-0025**

CR2E034 (5/99)

00638710

## LAW OFFICES

Conrad S. Kulatz, Esq. P. A.

---

P95000063871  
582975-90007-11  
Suite 4R

The Trial Lawyers Building  
633 S.E. Third Avenue  
Fort Lauderdale, FL 33301  
(305) 527-0002

---

FAX: (305) 524-5143

July 1, 1999

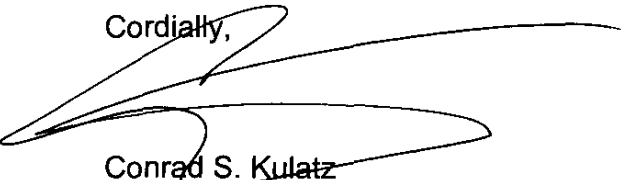
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Conrad S. Kulatz, P.A.  
Document #P95000063871

Dear Sir/Madam:

We had never received the first notice for payment. After speaking to Andy N. at the Division of Corporations office, he stated that we should send our check in the amount of \$150.00 along with this letter for 1999 filing fee for the above corporation.

Cordially,



Conrad S. Kulatz

EAG/al  
Enclosures

-W6061599/K-29968