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**PROFIT** CORPORATION **ANNUAL REPORT** 

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000065476 (0) **DOCUMENT #** 

WAYNE KATZ ENTERPRISES, INC.

Principal Place of Business Mailing Address 4376 DAFFODIL CIR. S. 4376 DAFFODIL CIR. S.

**FILED** Apr 14 1998 8:00am Secretary of State



PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/23/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0606251 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Ζip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KATZ, WAYNE 4376 DAFFODIL CIR. S. 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33410 83 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signatura required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE TITLE 1.1 TITLE Change Addition KATZ, WAYNE NAME 1.2 NAME 4376 DAFFODIL CIR. S. 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP 1.4 C(TY-ST-Z)P DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST-ZIP □ DELETE 3.1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Chance Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 61 TITLE TITLE 62 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. Thereby 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 13 or Block 13 changed, or on an attachment with an address.

SIGNATURE: