FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000097793 (0) DOCUMENT #
1. Corporation Name

DAVID A	A. KATZMAN, P.A.						
Principal Place of Business Mailing Address						144 MASTIN 1845 SAMET SAMEN SMINE SILE SAME	
2300 GLADES ROAD. SUITE 220-WEST 2300 GLADES ROAD. SUI BOCA RATON FL 33431 BOCA RATON FL 33431							
					3. Date Incorporated or Qualified 12/28/1995	3a. Date of Last Report	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 10,3044	Applied For Not Applicable	
21 26					45-00-2044	\$8.75 Additional	
Suite Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	Fee Required	
22 27 Orty & State Orty & State					6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for i		
24	25	29	30		Florida Statutes Yes 10. Name and Address of New Re		
	9. Name and Address of Cur	rent Registered Agent	81 8	Name	TO. Name and Address of New Fi	ogistored Agont	
MATTHAN DAMO A							
Katzman, David A 2300 Glades Road, Suite 220-West Boca Raton Fl 33431			82	street Addre	ess (P.O. Box Number is Not Acceptable	lej	
			83				
5001111			84 (Orty		85 Zip Code	
•				,	ation submits this statement for the pur	FL	
familiar wi	th, and accept the obligations of S	gervanttoutagikabe	es. Note: Figulosit Agents 113.		of directors. Thereby accept the appropriate the appropriate to the appropriate that a propriate that a propria	DAT:	
12.		AND DIRECTORS	1 1 11/16		ADDITIONS OF ANOTHER TO CITY	Change Addition	
TITLE NAME	PRESIDENT DATIO A KATZMAN		1.2 NAME	İ			
STREET ACORESS 23TD GLADES ROAD SUITE DOWN CITY-ST-ZIP BOCK RATTON, fo 33431			1 3 STREET AE	DRESS			
CITY - ST - ZIP	BOLLA LATEN A	33431	1.4 CHY - \$1 -	7 F'			
TITLE	7 - 273 - 2712 - 4 - 41	☐ DELETE	2 : TITLE			Change Addition	
NAME			2.2 NAME		ž		
STREET ADDRESS			2.3 STREET AT	ODRESS			
CITY-ST-ZIP		ET DOLLE	2 4 Cily-SI-	ZIF		Change Addition	
TITLE		☐ DELFTE	3 1 TITLE	7			
NAME			3.2 NAME 3.3 STREET A	nnoská			
STREET ADDRESS			3.4 CITY - S1-	ŀ			
CITY-ST-ZIP		DELETE	4 1 III.E	'!'—————		Change Addition	
NAME			4.2 NAMÉ				
STREET ADDRESS			4.3 STREET AL	DORESS			
CITY-ST-ZIP			4.4.0ITY - ST -				
THLE		☐ DELETE	5 1 T TLE		90000182 -05/15/96010	224 99 nge 🗆 Addition	
NAME			5.2 NAME		-05/15/ 9 6010)53011	
STREET ADDRESS			5.3 STREET A	CORESS	***200.00		
CITY-ST-ZIP			5.4 CHY-S1-	ZIP		ncitibbA 🔲 🚜 🔾	
TITLE		DELETE	6 1 TILLE			The Property	
NAME			6 2 NAME	pont: 1		36	
STREET ADDRESS			63 STREET A			20	
1							

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 chapted, or on an attachment with an address

SIGNATURE:

CR2E034 (12/95)