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Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90045 003 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000001998

1. Corporation Name

IRVIN W. KATZ, M. ED., INC.

Principal Place of Business

~~9495 SUNSET DRIVE #B-275~~  
~~MIAMI FL 33173~~

Mailing Address

~~9495 SUNSET DRIVE #B-275~~  
~~MIAMI FL 33173~~

2. Principal Place of Business

21 8100 SW 81 Drive

Suite, Apt. #, etc.

22 280

City & State

23 Miami, Florida

Zip

24 33143

Country

25 USA

2a. Mailing Address

26 8100 SW 81 Drive

Suite, Apt. #, etc.

27 Suite 280

City & State

28 Miami, Florida

Zip

29 33143

Country

30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1996

4. FEI Number

65-0634631

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

9. Name and Address of Current Registered Agent

SATULOFF, BARTH CRA  
9495 SUNSET DRIVE #B-275  
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

Irvin W. Katz

82 Street Address (P.O. Box Number is Not Acceptable)

8100 SW 81 Drive

83

Suite 280

84 City

Miami

FL

85 Zip Code

33143

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

*Irvin W. Katz*

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

(NOTE: Registered Agent signature required when reinstating)

1/12/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME KATZ, IRVIN W

STREET ADDRESS 8028 S.W. 81 DRIVE 8100 SW 81 Drive,

CITY-ST-ZIP MIAMI FL 33143 Suite 280 miami, FL 33143

TITLE ☒ DELETE

NAME KATZ, IRVIN

STREET ADDRESS 8028 SW 81 DR

CITY-ST-ZIP MIAMI 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME President

1.3 STREET ADDRESS Katz, Irvin W.

1.4 CITY-ST-ZIP 8100 SW 81 Drive, Suite 280

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP miami, Florida 33143

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)(l), 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:

*Irvin W. Katz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99  
Date

305-274-2711  
Daytime Phone #

CR2E034 (11/98)