PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000021977

1. Corporation Name

BRUCE G. KAUFMANN, J.D., P.A.

Principal Place of Business	Mailing Address	
11151-66TH ST N	11151-66TH ST N	
CHITE AM	CHITE AM	

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90106 006 ***150.00



PCC FL 93773-5509 LARGO FL 34643					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					03/11/1996			
Principal Place of Business	2a. Mailing Address	и -			4. FEI Number			Applied For
11151 - 66TH STREET, N.	26 11151-66T	<u>"57/</u>	PEET,	<i>N</i> ,	65-0664512			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	П		5 Additional
Suite #40/	27 Suite #4	<u>0/</u> _						Required
City & State	City & State				6. Election Campaign Financing			May Be
LARGO, FL	28 LARGO, FL				Trust Fund Contribution			ed to Fees
33773-5509 Country U.S.	Zip 29 33773-5509 30	Coun	ury U.S.		8. This corporation owes the current			⊠No
		<u></u>	71.3.		Personal Property Tax.		Yes	MINO
9. Name and Address of Curr	ent Registered Agent		B1 Nan		10. Name and Address of New Re	gistered A	gent	
KAUFMANN, BRUCE G			, Ivali	.I C				
11151-66TH ST N		[7	B2 Stre	et Addre	ess (P.O. Box Number is Not Acceptab	ile)		
SUITE 401		J.	83					
LARGO FL 33773		'	33					
EARGO LE GOLLO		1	84 City				85 Zi	ip Code
						<u>FL</u>	_لِــــــــــــــــــــــــــــــــــــ	
Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat	502 and 607.1508, Florida Statutes, 1	the abo	ove-name	ed corpo	pration submits this statement for the p	urpose of c	nanging Iment as	registered
agent. I am familiar with, and accept the oblig	gations of, Section 607.0505, Florida	Statut	es.	"Polatio	n's board of directors. I horoby decept	ито прропп		
ana (LIPE								
Signature, typed or printed name of registered a			gent signati	re required	when reinstating)	DATE		
·	AND DIRECTORS	13.		 _	ADDITIONS/CHANGES TO OFFI		Chann	n DAddition
D	☐ OELETE	1.1 TML		₽	BOUTE C		Chang	ie (Tyddinou
_ KAUFMANN, BRUCE G		1.2 NAM	E	KA	UFMANN, BRUCE G. 151-66TH STREET, N	. Suii	1E#4	0)
11151-66TH ST N STE 401		1.3 STR	EET ADORE	SS ///	187266	23	772	-5509
ST-ZIP LARGO FL 34643			/-ST-ZIP	<u></u>	ARGO, FL			
	☐ DELETE	2.1 TITL	E	ļ			Chang	e 🗍 Addition
		2 2 NAM	ΙE		•			
** : ALXORESS		2.3 STR	EET ADDRE	ss	•			
ST-ZIP		2.4 CIT	Y-ST-ZIP					
	☐ DELETE	3.1 TITL	E				☐ Chang	ge
1		3.2 NAM	Æ					
- : LAQUALSS		3.3 STR	EET ADDRE	ss				
ST ZIP		3.4. CIT	Y-ST-ZIP	_ _				
	☐ DELETE	4.1 TITL	E				☐ Chang	e Addition
		4. 2 NA	ΛE					
_: ADDRESS		4.3 STR	EET ADORE	ss				
ST-ZIP		4.4 CfT	-ST-ZIP					
	☐ DELETE	5.1 TITL	E				☐ Chang	ge 🗀 Addition
_		52 NAM	Æ	[
CALDRESS		5.3 STR	EET ADDRE	ss				
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	☐ DELETE	6.1 TITL	E	\top			Chang	e Addition
	_	6.2 NAM	Æ	}				
: ADDRESS		6.3 STR	EET ADDRE	:ss	•			
\	<u>,</u>			}				
ST-ZIP								

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, with all other like empowered.