

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000064521 (3)**

1. Corporation Name
KREISBERG & SEFFREN AGENCY, INC.



Principal Place of Business STE. 2005, 19195 MYSTIC PT. DR. AVENTURA FL 33180	Mailing Address STE. 2005, 19195 MYSTIC PT. DR. AVENTURA FL 33180-4308 PO Box 800752 MIAMI, FL 33280
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3. Date Incorporated or Qualified **08/01/1996** 3a. Date of Last Report

21. Principal Place of Business P.O. Box 800752	2a. Mailing Address P.O. Box 800752
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State MIAMI, FL	28. City & State MIAMI, FL
24. Zip 33280	29. Zip 33280
25. Country	30. Country

4. FEI Number **65-0688592** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent FILINGS, INC. 3732 NW 16TH ST. FT. LAUDERDALE FL 33311	10. Name and Address of New Registered Agent 81 Name STEVEN A. SEFFREN 82 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 800752 83 84 City MIAMI FL 85 Zip Code 33280
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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 *Steven A. Seffren* DATE **2/28/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREISBERG, ALLEN	1.2 NAME	
STREET ADDRESS	STE. 2005, 19195 MYSTIC PT. DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEFFREN, STEVEN A	2.2 NAME	
STREET ADDRESS	STE. 2005, 19195 MYSTIC PT. DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Steven A. Seffren* **Steven A. Seffren** 2/28/97 305 3470783

CR2E034 (9/96)