

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000091684 (6)  
1. Corporation Name

ALEXANDER KATZ & ASSOCIATES, INC.

Principal Place of Business

18390 COLLINS AVENUE  
SUITE 1419  
MIAMI FL 33160-2233

Mailing Address

18390 COLLINS AVENUE  
SUITE 1419  
MIAMI FL 33160-2233

FILED  
Aug 26 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1996

4. FEI Number

65-0709979

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 920 9th Way  
22 WEST PALM BEACH  
23 FL 33407 PALM BEACH  
24 Zip Country

2a. Mailing Address

26 920 9th Way  
27 WEST PALM BEACH  
28 FL 33407 PALM BEACH  
29 Zip Country

9. Name and Address of Current Registered Agent

KATZ, ALEXANDER  
18390 COLLINS AVENUE STE 1419  
MIAMI FL 33160

10. Name and Address of New Registered Agent

81 Name ALEXANDER KATZ  
82 Street Address (P.O. Box Number is Not Acceptable)  
920 9th Way  
83 WEST PALM BEACH 33407  
84 City FL 85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
0	KATZ, ALEXANDER	18390 COLLINS AVENUE	MIAMI FL 33160-2233	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	ALEXANDER KATZ	920 9th Way	WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. 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.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING AGENT AND DIRECTOR

8/27/98

561-693 4119

CR2E034 (5/98)

Florida Department of State  
Division of Corp.  
Tallahassee FL

Aug. 8, 1998 (2)

To Whome It May Concern,  
For my discussion with Grace today, I  
am writing this letter to inform you that  
I never recieved my first notice of payment.  
Grace instructed me to pay \$150.00 and  
write this letter.

I hope this will satisfy all concerned.

Thanks for your consideration

Alexander Katz

ALEXANDER KATZ & Assoc.

920 9<sup>th</sup> Way  
West Palm Beach, FL 33407