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Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90005 019 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000033121

1. Corporation Name

KAUFFMAN & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

1807 Edgewater Drive
Orlando, Florida 32804

1807 Edgewater Drive
Orlando, Florida 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1997

2. Principal Place of Business

2a. Mailing Address

21 1807 EDGEWATER DR.

26 1807 EDGEWATER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3454577

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

ROAT, KATHLEEN
4063 N. GOLDENROD RD., STE. 3
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name **ROAT, KATHLEEN**

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

1807 EDGEWATER DRIVE

83

84 City **ORLANDO**

FL

85 Zip Code **32804**

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 **D** ☐ DELETE
NAME **KAUFFMAN, BARBARA**
STREET ADDRESS **579 RIDGEWOOD DR.**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **BARBARA KAUFFMAN**
1.3 STREET ADDRESS **1807 EDGEWATER DRIVE**
1.4 CITY-ST-ZIP **ORLANDO, FL 32804**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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)(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.

SIGNATURE:

Barbara Kauffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/18/99

407-999-9914

CR2E034 (11/98)