2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 29, 2004 08:00 AM DOCUMENT # P.98000032496 Secretary of State 1. Entity Name JAY M. KLITZNER, P.A. Principal Place of Business Mailing Address 601 S. OCEAN DRIVE HOLLYWOOD FL 33019 601 S. OCEAN DRIVE HOLLYWOOD FL 33019 2. Principal Piace of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0826695 Not Applicable Zip Country Ζφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KLITZNER, JAY M Street Address (P.O. Box Number is Not Acceptable) 601 S. OCEAN DR HOLLYWOOD FL 33019 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title 4 applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THLE TITLE ☐ Delete Change ☐ Addition NAME KLITZNER, JAY M NAME STREET ADDRESS 601 S. OCEAN DRIVE STREET ADDRESS U00000019920 CITY-ST-ZIP HOLLYWOOD FL 33019 CITY-ST-ZIP 01/29/04-80044-019 150.00 ML ☐ Delete THLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST- ZIP CITY-SI-ZIP HILE ☐ Delete TITLE ☐ Change Addition NAME NA1.85 STREET ADDRESS STREET ADDRESS SITY-SI-ZIP CATY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MARSE MAAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BILE ☐ Delete 1131E Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CHTY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1.70 C3TY - ST - 7IP 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an accurate with an address, with all other like empowered.

JAY M. KUTZNE

SIGNATURE'

FILED