PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000065214

SN KATZ ENTERPRISES, INC.

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90098 012 ***150.00



Mailing Address Principal Place of Business 3594 S.OCEAN BLVD., #807 3594 S.OCEAN BLVD., #807 HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL 33487 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 07/23/1998 Number 59-3524293 2. Principal Place of Business 2a. Mailing Address Applied For 1795 EHMY TO Not Applicable 1795 E \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May.Be_ 8. Election Campaign Financing ピレ LEXUUDAT Added to Fees Trust Fund Contribution 23 Country 8. This corporation owes the current year Intangible Country Zip □No 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GARRICK, DAVID JR Street Address (P.O. Box Number is Not Acceptable) 1795 E. HWY. 50, STE. A CLERMONT FL 34711 85 Zip Code 84 City 11. Pursuent 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 applic ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 **OFFICERS AND DIRECTORS** 13. DELETE 1.1 TITLE TITLE CR2E034 STEVEN H KATZ 1.2 NAME NAME 3594 SOCOMU BLUO AFT KO7 1.3 STREET ADDRESS STREET ADDRESS BOCA NATON, FL 33487 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE TITLE NICOLE A KATZ 2.2 NAME NAME STAN & OLEMAN BLY D APT 807 STREET ADDRESS 2.3 STREET ADDRESS RATON, FL 33487 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 3.1 TITLE TILE DAVID GARRICK TH 32 NAME NAME 15840-124 12 50 3.3 STREET ADDRESS STREET ADDRESS 34711 CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-51-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRES 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 61 IIII.E MILE 82 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 enryllal 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 trusted 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 attachapent with injuddress, with fall other like empowered.

SIGNATURE:

352243-0440