

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90119 041 \*\*\*150.00

DOCUMENT # **S15757**

1. Corporation Name

**CHARLES A.L. KAUFMAN CPA P.A.**

Principal Place of Business

21021 WOODSPRING AVENUE  
BOCA RATON FL 33428

Mailing Address

21021 WOODSPRING AVENUE  
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/27/1990**

4. FEI Number

**65-0231262**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional

Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be

Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **9201A W. SAMPLE Rd # 196**

2a. Mailing Address

26 **SAME**

Suite, Apt., etc.

Suite, Apt., etc.

22 City & State

**Coral SPRINGS FL**

27 City & State

**FL**

23 Zip

**33065**

Country

**USA**

28 Zip

**33065**

Country

**USA**

9. Name and Address of Current Registered Agent

KAUFMAN, CHARLES  
21021 WOODSPRING AVENUE  
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

**Charles Kaufman**

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

**9201A West SAMPLE Rd # 196**

83 City

**Coral SPRINGS**

**FL**

85 Zip Code

**33065**

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

**Charles Kaufman**

**3-13-99**

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 **PD** ☐ DELETE

NAME **KAUFMAN, CHARLES A.**  
STREET ADDRESS **21021 WOODSPRING AVENUE**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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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

**Charles Kaufman**

☐ Change

☐ Addition

1.2 NAME

**9201A W. Sample Rd # 196**

1.3 STREET ADDRESS

**Coral SPRINGS FL 33065**

1.4 CITY-ST-ZIP

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:

**Charles Kaufman**

**3-5-99**

**954 227 9013**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)