FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 JAN 24 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S30631** **(3)**

1. Corporation Name

BARRY KALMANSON, P.A.

Principal Place of Business	Mailing Address
135 NORTH MAGNOLIA AVENUE ORLANDO FL 32801	135 NORTH MAGNOLIA AVENUE ORLANDO FL 32801

3. Date Incorporated or Qualified: 02/06/1991
3a. Date of Last Report: 01/13/1995

2. Principal Place of Business	2a. Mailing Address
21 500 N. MAITLAND AVE	26 500 N. MAITLAND AVE
Suite, Apt. #, etc. 22 305	Suite, Apt. #, etc. 27 305
City & State 23 MAITLAND FL	City & State 28 MAITLAND FL
Zip 24 32751 Country 25 USA	Zip 29 32751 Country 30 USA

4. FEI Number: 59-3055113 ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KALMANSON, BARRY
135 NORTH MAGNOLIA AVENUE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: KALMANSON, BARRY
82 Street Address (P.O. Box Number is Not Acceptable): 500 N. MAITLAND AVE
83 Suite 305
84 City: MAITLAND FL 85 Zip Code: 32751

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: 01-15-96
Signature required for printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST ☐ DELETE	1.1 TITLE	PST ☒ Change ☐ Addition
NAME	KALMANSON, BARRY	1.2 NAME	KALMANSON, BARRY
STREET ADDRESS	135 NORTH MAGNOLIA AVE.	1.3 STREET ADDRESS	500 N. MAITLAND AVE Suite 305
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	MAITLAND FL 32751
TITLE	D ☐ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	KALMANSON, BARRY	2.2 NAME	KALMANSON, BARRY
STREET ADDRESS	135 NORTH MAGNOLIA AVE.	2.3 STREET ADDRESS	500 N. MAITLAND AVE Suite 305
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	MAITLAND FL 32751
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	200001707552
STREET ADDRESS		3.3 STREET ADDRESS	-02/06/96--01061--017
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CH

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: 01-15-96 (407) 425-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #