

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

DOCUMENT # **S76120** (2)

1. Corporation Name

THOMAS M. KANN MANAGEMENT, INC.



Principal Place of Business

Mailing Address

**6962 COLLINS AVE
126
MIAMI BEACH FL 33141
US**

**6962 COLLINS AVE
126
MIAMI BEACH FL 33141
US**

2. Principal Place of Business

21 **5700 Collins Ave**

Suite, Apt. #, etc.

22 **8 H**

City & State

23 **MIAMI BEACH FL**

Zip

24 **33140** 25 **USA**

2a. Mailing Address

26 **5700 Collins Avenue**

Suite, Apt. #, etc.

27 **8 H**

City & State

28 **MIAMI BEACH FL**

Zip

29 **33140**

Country
30 **U.S.**

3. Date Incorporated or Qualified

08/26/1991

3a. Date of Last Report

04/13/1995

4. FEI Number

65-0307024

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

**THOMAS, KANN M
6962 COLLINS AVE
SUITE 126
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

81 Name

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

5700 COLLINS AVE 8 H

83

84 City

MIAMI BEACH

FL

85 Zip Code

33140

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, if not applicable)

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSVT** ☐ DELETE
NAME **KANN, THOMAS**
STREET ADDRESS **6962 COLLINS AVE 126**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS **5700 Collins Avenue, Suite 8H**
14 CITY-ST-ZIP **Miami Beach, Florida 33140**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 (301) 868 0123

Typed Name

CR2E034 (12/95)