

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S80066** (1)
1. Corporation Name
NOLAN C. KRAVIT, C.P.A., P.A.



Principal Place of Business: **1000 N. HIATUS ROAD #110 PEMBROKE PINE FL 33026 US**
Mailing Address: **3421 SW 116TH AVENUE DAVIE FL 33330 US**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21, 22, 23, 24: City & State, Zip, Country
26, 27, 28, 29, 30: City & State, Zip, Country

3. Date Incorporated or Qualified: **09/13/1991**
3a. Date of Last Report: **04/07/1995**
4. FEI Number: **65-0290169**
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. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **KRAVIT, NOLAN C. 3421 SW 116TH AVENUE DAVIE FL 33330**
10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85: Name, Street Address, City, Zip Code

11. Pursuant to the provisions of Sections 607.0812 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, Sections 607.0812 and 607.1508, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: PST	NAME: KRAVIT, NOLAN C.	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5796 JOHNSON ST	CITY-ST-ZIP: HOLLYWOOD FL	2. NAME:	
2. TITLE: D	NAME: KRAVIT, NOLAN C.	3. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5796 JOHNSON ST	CITY-ST-ZIP: HOLLYWOOD FL	4. CITY-ST-ZIP:	
3. TITLE:	NAME:	5. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6. CITY-ST-ZIP:	
4. TITLE:	NAME:	7. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	8. NAME:	
5. TITLE:	NAME:	9. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	10. CITY-ST-ZIP:	
6. TITLE:	NAME:	11. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	12. NAME:	
7. TITLE:	NAME:	13. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	14. 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 or change list or an attachment with an affidavit.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____

CR2E034 (12/95)