

**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 # **S85306** (6)

1. Corporation Name  
**MARTIN KATZ AFFILIATES, INC.**



Principal Place of Business: **5705 D FOX HOLLOW DR. BOCA RATON FL 33486**  
Mailing Address: **5705 D FOX HOLLOW DR. BOCA RATON FL 33486 US**

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. Country  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip Country  
29. Country  
30. Country

3. Date Incorporated or Qualified: **10/07/1991**  
3a. Date of Last Report: **08/01/1995**  
4. FEI Number: **65-0299360**  
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**

**10. Name and Address of New Registered Agent**

**KATZ, MARTIN  
5705 D FOX HOLLOW DR.  
BOCA RATON FL 33486**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City FL 85. Zip Code

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: *Martin Katz*  
Signature typed or printed in block of registered agent.

*6/29/96*  
Date

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE: **D**  DELETE  
2. NAME: **KATZ, MARTIN**  
3. STREET ADDRESS: **5705 D FOX HOLLOW DR**  
4. CITY-ST-ZIP: **BOCA RATON FL**  
5. TITLE:  DELETE  
6. NAME:  
7. STREET ADDRESS:  
8. CITY-ST-ZIP:  
9. TITLE:  DELETE  
10. NAME:  
11. STREET ADDRESS:  
12. CITY-ST-ZIP:  
13. TITLE:  DELETE  
14. NAME:  
15. STREET ADDRESS:  
16. CITY-ST-ZIP:  
17. TITLE:  DELETE  
18. NAME:  
19. STREET ADDRESS:  
20. CITY-ST-ZIP:

1. 1. TITLE:  Change  Addition  
2. 2. NAME:  
3. 3. STREET ADDRESS:  
4. 4. CITY-ST-ZIP:  
5. 5. TITLE:  Change  Addition  
6. 6. NAME:  
7. 7. STREET ADDRESS:  
8. 8. CITY-ST-ZIP:  
9. 9. TITLE:  Change  Addition  
10. 10. NAME:  
11. 11. STREET ADDRESS:  
12. 12. CITY-ST-ZIP:  
13. 13. TITLE:  Change  Addition  
14. 14. NAME:  
15. 15. STREET ADDRESS:  
16. 16. CITY-ST-ZIP:  
17. 17. TITLE:  Change  Addition  
18. 18. NAME:  
19. 19. STREET ADDRESS:  
20. 20. 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 manager 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 as an addendum with an address.

SIGNATURE: *Martin Katz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/29/96* 407-391-4398  
Date Date of Filing

CR2E034 (12/95)