

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortram Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 FEB -3 AM 9:45

DOCUMENT # S92214 (3)

1. Corporation Name
KATZ FAMILY CORP.

Principal Place of Business 4000 HOLLYWOOD BOULEVARD 710 N HOLLYWOOD FL 33021 US	Mailing Address 4000 HOLLYWOOD BOULEVARD 710 N HOLLYWOOD FL 33021 US
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 4030-C SHERIDAN ST Suite, Apt. #, etc.	2a. Mailing Address 25 4030-C SHERIDAN ST Suite, Apt. #, etc.
22 City & State 23 HOLLYWOOD, FL	27 City & State 28 HOLLYWOOD, FL
24 Zip 33021 25 Country USA	29 Zip 33021 30 Country USA

3. Date Incorporated or Qualified 11/05/1991	3a. Date of Last Report 01/19/1994
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KATZ, HERBERT D.
 4000 HOLLYWOOD BOULEVARD, SUITE 710 N
 SUITE 108
 HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name HERBERT D. KATZ
82 Street Address (P.O. Box Number is Not Acceptable) 4030-C SHERIDAN ST.
83
84 City HOLLYWOOD
85 Zip Code FL 33021

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 _____ DATE _____
(Signature, typed or printed name of registered agent and the date) (NOTE: Registered Agent signature required when incorporating)

12. OFFICERS AND DIRECTORS

TITLE PDT	KATZ, HERBERT D.
NAME	4500 LINCOLN STREET
STREET ADDRESS	HOLLYWOOD FL
CITY - ST - ZIP	
TITLE SD	KATZ, ELEANOR M.
NAME	4500 LINCOLN STREET
STREET ADDRESS	HOLLYWOOD FL
CITY - ST - ZIP	
TITLE D	KATZ, THOMAS O.
NAME	8765 HORSESHOE LANE
STREET ADDRESS	BOCA RATON FL
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), Florida Statutes. I further certify that the information included 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; that I am authorized to execute this report as required by Chapter 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Herbert D. Katz* **HERBERT D. KATZ** ¹⁻¹¹⁻⁹⁵ **305-983-0399**

(Signature and typed or printed name of signing officer or director) (Date) (Telephone Number)