## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (0)DANIEL H. KENT. P.A. Principal Place of Business Mailing Address 4651 SHERIDAN ST. 4651 SHERIDAN ST. STE. 300 STE. 300 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Date incorporated or Qualified 3a. Date of Last Report 02/03/1992 07/26/1995 2. Principal Place of Business 21 3872 SHERIOR 2a. Mailing Address 4. FEI Number Applied For 3872 65-0311502 Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Γ٦ 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution <sup>\_\_\_\_</sup>হ Added to Fees 8. This corporation has liability for intangible tax under s 199.032, 25 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KENT, DANIEL H Street Address (P.O. Box Number is Not Acceptable) 82 4651 SHERIDAN ST. SUITE 300 83 HOLLYWOOD FL 33021 84 City Zip Code 33221 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 85 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS (12/95)13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSD DELETE 1. 1 TITLE Change Addition KENT, DANIEL H KENT, DANIEL H. 3572 SHEDOAD STREET 1.2 NAME CR2E034 4651 SHERIDAN ST., STE. 300 STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP 1.4 CITY-\$T-ZiP HOUY 10000, FC 33021 DELETE 2. 1 TITLE [ ] Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-71P DELETE 3 1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CiTY-ST-ZIP DELETE 4. 1 TITLE Change ☐ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS DITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change ☐ Addition 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS DITY-ST-ZIP 5.4 CITY-\$1-7IP DELETE 6. 1 TITLE Change Addition **6.2 NAME** STREET ADDRESS 6.3 STREET ADDRESS

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 coath; that I am an officer or director of the proporation or to receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

64 CHTY- ST- ZIP

SIGNATURE:

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