

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 # V31101 (1)

1. Corporation Name

KATZ INVESTORS, INC.



Principal Place of Business

101 CLUB HOUSE LANE #281
NAPLES FL 33942

Mailing Address

101 CLUB HOUSE LANE #281
NAPLES FL 33942

2. Principal Place of Business

21 3100 SOUTH OCEAN BLVD.

2a. Mailing Address

26 3100 SOUTH OCEAN BLVD.

Suite, Apt. #, etc.

22 P 705-S

Suite, Apt. #, etc.

27 P 705-S

City & State

23 PALM BEACH, FL

City & State

28 PALM BEACH, FL

Zip

24 33480

Country

25 U.S.

Zip

29 33480

Country

30 U.S.

9. Name and Address of Current Registered Agent

BOND, SCHOENIECK & KING
1167 THIRD STREET SOUTH
NAPLES FL 33940

3. Date Incorporated or Qualified

04/21/1992

3a. Date of Last Report

03/17/1995

4. FEI Number

65-0330503

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. 193.032,
Florida Statutes.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

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

Signature type for printed name with present and new address

Signature type for printed name with present and new address

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSD
KATZ, MAURICE N.
STREET ADDRESS 101 CLUBHOUSE LANE #281
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME T
GOLBER, CONSTANCE K.
STREET ADDRESS 34 EAST GREENWICH ROAD
CITY-ST-ZIP LONGMEADOW MA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

3100 SOUTH OCEAN BLVD. P 705-S

1.4 CITY-ST-ZIP

PALM BEACH, FL. 33480

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Constance Katz Golber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

SG 5-1-96

CR2E034 (12/95)