

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S92214

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC5413624593**

**Entity Name:** KATZ FAMILY CORP.

**Current Principal Place of Business:**

2255 GLADES ROAD  
SUITE 240W  
BOCA RATON, FL 33434

**Current Mailing Address:**

21218 ST. ANDREWS BLVD.  
#404  
BOCA RATON, FL 33433 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KATZ, THOMAS O  
2255 GLADES ROAD  
SUITE 240W  
BOCA RATON, FL 33431 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** THOMAS O. KATZ

01/13/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name KATZ, DANIEL WPRES  
Address 12914 STONEBROOK DRIVE  
City-State-Zip: DAVIE FL 33330

Title VP D  
Name KATZ, ELEANOR MVP  
Address 5633 LIVE OAK TERRACE  
City-State-Zip: HOLLYWOOD FL 33312-6378

Title S D  
Name KATZ, THOMAS O  
Address 800 S OCEAN BLVD  
LPH2  
City-State-Zip: BOCA RATON FL 33432

Title VP  
Name KATZ, WALTER MVP  
Address 714 NW 101ST TERRACE  
City-State-Zip: PLANTATION FL 33324

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS O. KATZ

**SECRETARY**

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date