

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G72833** (8)

1. Corporation Name

**KAMENOFF AND ASSOCIATES, INC.**



Principal Place of Business

Mailing Address

**444 GOLFVIEW DRIVE  
P.O. BOX 150652  
ALTAMONTE SPGS FL 32715**

**444 GOLFVIEW DRIVE  
P.O. BOX 150652  
ALTAMONTE SPGS FL 32715**

3. Date Incorporated or Qualified

**12/08/1983**

3a. Date of Last Report

**04/25/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**PO Box 161123**

**PO Box 161123**

City & State

City & State

**ALTAMONTE SPGS, FL**

**ALTAMONTE SPRINGS, FL**

Zip

Country

Zip

Country

**32716**

**25**

**32716**

**U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AARON J GOROVITZ  
215 N. EOLA DR  
ORLANDO FL 32801**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **KAMENOFF, MICHAEL A**  
CITY-ST-ZIP **444 GOLFVIEW DR  
LONGWOOD FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VPS**  
STREET ADDRESS **KAMENOFF, BRENDA**  
CITY-ST-ZIP **444 GOLFVIEW DR  
LONGWOOD FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **KAMENOFF, BRENDA**  
CITY-ST-ZIP **P.O. BOX 150652 N/A  
ALTAMONTE SPRINGS FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VPD**  
STREET ADDRESS **KAMENOFF, ABE**  
CITY-ST-ZIP **1245 AUDUBON PL  
ORLANDO FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

*Michael Kamenoff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL KAMENOFF**

**3/11/96**

**407 331 3324**

Date

Daytime Phone #

CR2E034 (12/95)