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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90137 050 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G72833

1. Corporation Name

KAMENOFF AND ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**444 GOLFVIEW DRIVE
P O BOX 161123
ALTAMONTE SPGS FL 32716
US**

Mailing Address

**444 GOLFVIEW DRIVE
P O BOX 161123
ALTAMONTE SPGS FL 32716
US**

3. Date Incorporated or Qualified

12/08/1983

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

4. FEI Number

59-2343173

Applied For

Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23
Zip Country

28
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24
Country

29
Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

1.4 CITY-ST-ZIP

**165 MONTGOMERY RD
ALTAMONTE SPRINGS, FL 32714**

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**165 MONTGOMERY RD
ALTAMONTE SPRINGS, FL 32714**

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**165 MONTGOMERY RD
ALTAMONTE SPRINGS, FL 32714**

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

MICHAEL KAMENOFF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99
Date

407 566 9556
Daytime Phone #

CR2E034 (1/98)