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Feb 16 1998 8:00am
Secretary of State

* * PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # 602706 (4)

1. Corporation Name
QUINN, WOLLOWICK, PURITA, SCHOSHEIM, KREBSBACH & STEWART, INC.

Principal Place of Business	Mailing Address
903 MEADOWS ROAD BOCA RATON FL 33486-2398 US	903 MEADOWS ROAD BOCA RATON FL 33486-2398 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1971

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1346737	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		
Zip / Country	Zip / Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

QUINN,LEO F
903 MEADOWS ROAD
BOCA RATON FL 33486

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	QUINN, LEO F		1.2 NAME	
STREET ADDRESS	903 MEADOWS RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 00000		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WOLLOWICK, BURTON S		2.2 NAME	
STREET ADDRESS	903 MEADOWS RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 00000		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PURITA, JOSEPH R.		3.2 NAME	
STREET ADDRESS	903 MEADOWS RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 00000		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHOSHEIM, PETER M.		4.2 NAME	
STREET ADDRESS	903 MEADOWS RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KREBSBACH, MICHAEL J.		5.2 NAME	
STREET ADDRESS	903 MEADOWS ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, CHARLES E.		6.2 NAME	
STREET ADDRESS	903 MEADOWS ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE: Robert M. Schoshein 2-10-98 561-391-5515