FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 01 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000039452 (5)

GREGG R. SCHWARTZ, P.A. Principal Place of Business Mailing Address 44 W FLAGLER ST 44 W FLAGLER ST SUITE 2000 MIAMI FL 33130 SUITE 2000 MIAMI FL 33130 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/25/1994 2. Principal Place of Business 2a. Mailing Address Applied For 44 W. FLAGLER Suite, Apt. #, etc. Not Applicable 65-0497689 Flaker ST Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 1200 /200 City & State Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GLEGG SCHWARTZ, GREGG R SCHWARTZ **12**. 44 W FLAGLER ST Street Address (P.O. Box Number is Not Acceptable) **SUITE 2000 MIAMI FL 33130** 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 jamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

GRACE. SCHWAIT

4-22-58 <u>6 1645</u> ome of regulared agent and little if applications of FICENS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE TITLE 1.1 TITLE PROSIDENT SCHWARTZ, GREGG R NAME 1.2 NAME GREGG R. SCHWARTZ 44 FLAGUEL STREET, SUITE 1200 44 W FLAGLER ST SUITE 2000 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33130** 1.4 CITY-ST-ZIP CITY - ST - ZIP MILMI, FC 32133 DELETÉ Change TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TETLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE ■ Addition 4.1 TITLE TIFLE 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME **5 3 STREET ADDRESS** STREET ADDRESS 5.4 City - St - ZiP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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:

STATUTE

TOTAL STATUTE

**TOTAL