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Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000011392 (3)

1. Corporation Name
SCHROLD, POWELL & MARKOWITZ, P.A.



Principal Place of Business
13780 S.W. 56TH STREET, SUITE 223
MIAMI FL 33175

Mailing Address
13780 S.W. 56TH STREET, SUITE 223
MIAMI FL 33175-8037

3. Date Incorporated or Qualified 02/05/1996	3a. Date of Last Report NA
4. FEI Number 65-0647907	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

SEE → NEW ADDRESS

2. Principal Place of Business 21 13500 SW 88 ST	2a. Mailing Address 26 13500 SW 88 ST
22 Suite, Apt. #, etc. Suite 161	27 Suite, Apt. #, etc. Suite 161
23 City & State Miami	28 City & State Miami FL 33186
24 Zip 33186	25 Country USA
29 Zip 33186	30 Country USA

9. Name and Address of Current Registered Agent

MARKOWITZ, RICHARD J
13780 S.W. 56TH STREET, SUITE 223
MIAMI FL 33175

NEW ADDRESS
13500 SW 88 ST # 161
Miami FL 33186

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 607.0605, Florida Statutes.

SIGNATURE: *Richard J Markowitz* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D SCHROLD, JACK L	<input type="checkbox"/>
NAME	SCHROLD, JACK L	
STREET ADDRESS	13780 S.W. 56TH STREET, SUITE 223	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE	D POWELL, BRANDINE E	<input type="checkbox"/>
NAME	POWELL, BRANDINE E	
STREET ADDRESS	13780 S.W. 56TH STREET, SUITE 223	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE	D MARKOWITZ, RICHARD J	<input type="checkbox"/>
NAME	MARKOWITZ, RICHARD J	
STREET ADDRESS	13780 S.W. 56TH STREET, SUITE 223	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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: *Richard J Markowitz* Richard J Markowitz 1-29-97 305 388-7056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)