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

PROFIT CORPORATION ANNUAL REPORT

1999

TURKEL SCHWARTZ & PARTNERS, INC.

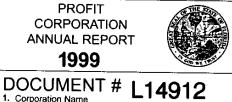
1. Corporation Name

Principal Place of Business

COCONUT GROVE FL 33133

1871 OAK AVENUE

IGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

COCONUT GROVE FL 33133

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICERS I dent

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90128 019 ***158.75



DO NOT WRITE IN THIS SPACE

Mailing Address 2871 OAK AVENUE

0014014000

Philip Schwartz 1/29/99 (305)445-9111

3. Date Incorporated or Qualifed

riiiicipai i					09/12/1989		
	Place of Business	2a. Mailing Address			4. FEI Number	IT	Applied For
Suito A-4	# oto	26			65-0146010	 +-	Not Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired	★ \$8.75	5 Additional Required
City & Sta	te	City & State		·	6. Election Campaign Financing	·	
Zip	Country	Zip			Trust Fund Contribution	Adde	May Be
7	25	⊢ '	Count	ry	8. This corporation owes the current	nt year Intangible	
	9. Name and Address of Curren	29 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	30		Personal Property Tax.	Pes	□No
	5. Name and Address of Curren	t Registered Agent		<u> </u>	10. Name and Address of New Re	gistered Agent	
SCHWARTZ, PHILIP 2775 SHIPPING AVE COCONUT GROV4E FL 33133				1 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
000	ONO! GROVAL E 33/33		8	3	<u></u>		
			-	4 00	· · · · · · · · · · · · · · · · · · ·		
 			8	1 - 7	•	FL 85 Zip	
 Pursuant office or r 	to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florida Statute	s, the abo	ve-named con	poration submits this statement for the pu		ts registered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505. Flor	ithorized b ida Statute	y the corporati s.	poration submits this statement for the pu ion's board of directors. I hereby accept	the appointment as	registered
GNATURE	_	· ·	•		•		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	ent signature require	ed when reinstating)	DATE	
<u>. </u>	OFFICERS AND	DIRECTORS	13.	· · ·	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
.E	VSD	☐ DELETE	1.1 TITLE			Change	
1E.	Turkel, Bruce		1.2 NAME		•	_ onlings	, Claredia
EETADORESS	6301 SNAPPER CREEK DR		13.STREE	TADDRESS		:	
/-ST-ZIP	MIAMI FL				•	•	
E.	PTD	☐ DELETE	1.4 CITY-S	1-ZIP			F-9
	_					Change	Addition
ME	SCHWARTZ, PHILIP		2.2 NAME			[_] Change	Addition
ME REET ADDRESS	SCHWARTZ, PHILIP 2775 SHIPPING AVE		2.2 NAME 2.3 STREE	T ADDRESS	i i		Addition
ME REET ADDRESS Y-ST-ZIP	SCHWARTZ, PHILIP		2.2 NAME 2.3 STREE 2.4 CITY-				Addition
ME REET ADDRESS Y-ST-ZIP LE	SCHWARTZ, PHILIP 2775 SHIPPING AVE	☐ DELETE	2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE				*
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