FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 APR 24 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **174780** **(7)**

1. Corporation Name
IRVIN R. SCHINDLER, INC.

Principal Place of Business	Mailing Address
~~2500 NE 135 STREET~~ ~~APT P1~~ ~~NORTH MIAMI FL 33181~~ NEW ADDRESS IRVIN R. SCHINDLER 1800 N.E. 114TH ST. #1902 MIAMI, FL 33181	~~2500 NE 135 STREET APT P1 NORTH MIAMI FL 33181~~ NEW ADDRESS IRVIN R. SCHINDLER 1800 N.E. 114TH ST. #1902 MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1953	3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-0701068	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21: 1800 N.E. 114 St	26: 1800 N.E. 114 St
22 Suite, Apt. #, etc.: #1902	27 Suite, Apt. #, etc.: #1902
23 City & State: MIAMI, FL, USA	28 City & State: MIAMI, FL
24 Zip: 33181 25 Country: USA	29 Zip: 33181 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

SCHINDLER, IRVIN R.
~~2500 NE 135 STREET P-1~~
~~NORTH MIAMI FL 33181~~
NEW ADDRESS
IRVIN R. SCHINDLER
1800 N.E. 114TH ST. #1902
MIAMI, FL 33181

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	POS	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHINDLER, IRVIN R.	1.2 NAME	
STREET ADDRESS	~~2500 N.E. 135 ST. P1~~ NEW ADDRESS IRVIN R. SCHINDLER 1800 N.E. 114TH ST. #1902	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~NE. MIAMI FL~~ MIAMI, FL 33181	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHINDLER, BARBARA	2.2 NAME	
STREET ADDRESS	~~2500 NE 135TH ST APT P1~~ NEW ADDRESS IRVIN R. SCHINDLER 1800 N.E. 114TH ST. #1902	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~NORTH MIAMI FL~~ MIAMI, FL 33181	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: IRVIN R. SCHINDLER PRES. Irvin R. Schindler 4/18/95 (305) 899 8411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP