

SECOND NOTICE: CORPORATION WILL BE DISSOLVED UNLESS IT FILE ANNUAL REPORT, 1997, DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 413650 (3)
Corporation Name
HAROLD NEIL SCHAFER AND COMPANY INCORPORATED

FILED

97 OCT 20 PM 12:42

Principal Place of Business:

PO BOX 144280
CORAL GABLES FL 33114-280
JS

Mailing Address:

PO BOX 144280
CORAL GABLES FL 33114-280
US

Principal Place of Business:

7850 N.W. 146 ST
Suite Apt. #, etc.
200

City & State
MIAMI LAKES FL

Zip
33016

Mailing Address:

7850 N.W. 146 ST.
Suite Apt. #, etc.
200

City & State
MIAMI LAKES FL

Zip
33016

3. Date Incorporated or Qualified

11/29/1972

3a. Date of Last Report

8/6/96

4. FEI Number

59-1427760

Applied For:

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional
Fees 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

9. Name and Address of Current Registered Agent

SCHAFER, H N
1105 MALAGA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
H.N. SCHAFER
82 Street Address (P.O. Box Number is Not Acceptable)
7850 N.W. 146 ST
83
SUITE 200
84 City
MIAMI LAKES FL. FL
85 Zip Code
33016

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when amending)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTS
SCHAFER, HAROLD N.
1105 MALAGA AVE
CORAL GABLES FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
PTS
HAROLD N. SCHAFER
7850 N.W. 146 ST. SUITE 200
MIAMI LAKES FL. 33016

2.1 TITLE
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2.3 STREET ADDRESS
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31.1 TITLE
31.2 NAME
31.3 STREET ADDRESS
31.4 CITY - ST - ZIP

SIGNATURE:

Harold N. Schaffer

9/16/97 (619) 698-4377

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HAROLD NEIL SCHAFER AND COMPANY INCORPORATED

7850 NW 146th Street, Suite 200
Miami Lakes, FL 33016

October 13, 1997

Division of Corporations
Annual Reports Section
PO Box 6327
Tallahassee, FL 32314

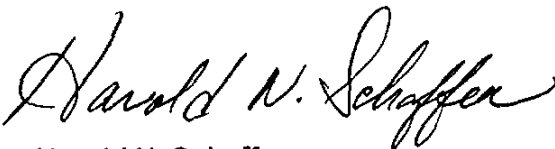
RE: Filing of Document # 413650

Dear Sir:

Since 1972 I have had no problem with filing my annual report. This year I did not receive the forms and until my accountant brought it to my attention I was unaware. Upon notification, I immediately requested a duplicate and filed it on 9/16/97. On 10/10/97 I received the check back in an envelope dated 9/24/97. I immediately called and spoke to "Amy" who instructed me to write this letter and return the enclosures to this address.

For 24 years I have faithfully maintained my good name and filed on time and hope that I will not be forced to pay a late fee of \$385.00, the form simply never arrived at my office.

Thank you for your assistance. If further information is needed I can be reached at (619)-698-4377.



Harold N. Schaffer