

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90488 041 ***150.00

1. Corporation Name
HAROLD NEIL SCHAFFER AND COMPANY INCORPORATED

DOCUMENT #
413650 (3)

Mailing Address
PO BOX 144280
CORAL GABLES FL 33114-1280

Principal Place of Business
PO BOX 144280
CORAL GABLES FL 33114-1280

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address
21 6820 SW St.
Suite, Apt. #, etc.
22
City & State
23 Miami, FL
Zip
24 33155
Country
25
2a. Principal Place of Business
26 6820 SW St.
Suite, Apt. #, etc.
27
City & State
28 Miami, FL
Zip
29 33155
Country
30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/29/1972

3a. Date of Last Report
5/15/99

4. FEI Number
59-1427760

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required ☐

6. Election Campaign Financing Trust Fund Contribution ☐

7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐

\$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

SCHAFFER, H N
1105 MALAGA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
H. N. Schaffer
82 Street Address (P.O. Box Number is Not Acceptable)
6820 SW St.
83
84 City
Miami, FL
FL
85 Zip Code
33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

DATE 5/01/00

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

1.1 TITLE
P/T/S
1.2 NAME
SCHAFFER, HAROLD N.
1.3 STREET ADDRESS
1105 MALAGA AVE
1.4 CITY-ST-ZIP
CORAL GABLES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
P/T/S
1.2 NAME
Schaffer, N. N.
1.3 STREET ADDRESS
6820 SW 37th St.
1.4 CITY-ST-ZIP
Miami, FL 33155

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/01/00 (419) 2698-4377