

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 485851

(0)

1. Corporation Name

SCHWALB ASSOCIATES, INC.

Principal Place of Business

430 NE 195TH ST
NORTH MIAMI FL 33179

Mailing Address

430 NE 195TH ST
NORTH MIAMI FL 33179

2. Principal Place of Business:

21

28. Mailing Address

26

Suite, Apt. #, etc.

22

29. Suite, Apt. #, etc.

27

City & State

23

28. City & State

29

Zip

24

Country

25

30

Country

9. Name and Address of Current Registered Agent

SCHWALB, LEONARD E.
430 NE 195TH ST.
N. MIAMI BEACH FL 33179

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL 85. Zip Code

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Organized 3a. Date of Last Report
09/12/1975 **02/22/1994**

4. FEI Number Applied For
59-1535518 Not Applicable

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

6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees

8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 807.0503 and 807.1008, 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 807.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or officer

Date Registered Agent or Officer appointed or last updated

04/01/94

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST. ZIP
NAME	SCHWALB, RUBY	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST. ZIP
STREET ADDRESS	430 NE 195TH ST.	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST. ZIP
CITY - ST. ZIP	N. MIAMI BEACH FL	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST. ZIP
NAME	SCHWALB, JEFFREY	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST. ZIP
STREET ADDRESS	1255 NE 199TH ST	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST. ZIP
CITY - ST. ZIP	N. MIAMI BEACH FL	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST. ZIP
NAME		7.1 TITLE	7.2 NAME	7.3 STREET ADDRESS	7.4 CITY - ST. ZIP
STREET ADDRESS		8.1 TITLE	8.2 NAME	8.3 STREET ADDRESS	8.4 CITY - ST. ZIP
CITY - ST. ZIP		9.1 TITLE	9.2 NAME	9.3 STREET ADDRESS	9.4 CITY - ST. ZIP
NAME		10.1 TITLE	10.2 NAME	10.3 STREET ADDRESS	10.4 CITY - ST. ZIP
STREET ADDRESS		11.1 TITLE	11.2 NAME	11.3 STREET ADDRESS	11.4 CITY - ST. ZIP
CITY - ST. ZIP		12.1 TITLE	12.2 NAME	12.3 STREET ADDRESS	12.4 CITY - ST. ZIP
NAME		13.1 TITLE	13.2 NAME	13.3 STREET ADDRESS	13.4 CITY - ST. ZIP
STREET ADDRESS		14.1 TITLE	14.2 NAME	14.3 STREET ADDRESS	14.4 CITY - ST. ZIP
CITY - ST. ZIP		15.1 TITLE	15.2 NAME	15.3 STREET ADDRESS	15.4 CITY - ST. ZIP
NAME		16.1 TITLE	16.2 NAME	16.3 STREET ADDRESS	16.4 CITY - ST. ZIP
STREET ADDRESS		17.1 TITLE	17.2 NAME	17.3 STREET ADDRESS	17.4 CITY - ST. ZIP
CITY - ST. ZIP		18.1 TITLE	18.2 NAME	18.3 STREET ADDRESS	18.4 CITY - ST. ZIP
NAME		19.1 TITLE	19.2 NAME	19.3 STREET ADDRESS	19.4 CITY - ST. ZIP
STREET ADDRESS		20.1 TITLE	20.2 NAME	20.3 STREET ADDRESS	20.4 CITY - ST. ZIP
CITY - ST. ZIP		21.1 TITLE	21.2 NAME	21.3 STREET ADDRESS	21.4 CITY - ST. ZIP
NAME		22.1 TITLE	22.2 NAME	22.3 STREET ADDRESS	22.4 CITY - ST. ZIP
STREET ADDRESS		23.1 TITLE	23.2 NAME	23.3 STREET ADDRESS	23.4 CITY - ST. ZIP
CITY - ST. ZIP		24.1 TITLE	24.2 NAME	24.3 STREET ADDRESS	24.4 CITY - ST. ZIP
NAME		25.1 TITLE	25.2 NAME	25.3 STREET ADDRESS	25.4 CITY - ST. ZIP
STREET ADDRESS		26.1 TITLE	26.2 NAME	26.3 STREET ADDRESS	26.4 CITY - ST. ZIP
CITY - ST. ZIP		27.1 TITLE	27.2 NAME	27.3 STREET ADDRESS	27.4 CITY - ST. ZIP
NAME		28.1 TITLE	28.2 NAME	28.3 STREET ADDRESS	28.4 CITY - ST. ZIP
STREET ADDRESS		29.1 TITLE	29.2 NAME	29.3 STREET ADDRESS	29.4 CITY - ST. ZIP
CITY - ST. ZIP		30.1 TITLE	30.2 NAME	30.3 STREET ADDRESS	30.4 CITY - ST. ZIP

14. I acknowledge, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1190.03(9), Florida Statutes. 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 oaths or affirmations in Block 12 or Block 13, if changed, or if my alteration with no oaths.

SIGNATURE: *Ruby Schwab*

Ruby Schwab / b-PreS - 2/8/95 - 365-652-9788

SEARCHED AND SERIALIZED ON PRINTED NAME OF SIGNING OFFICER OR MINION

0105743 CP