


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

FILED

Feb 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33179-3332		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/12/1975		3a. Date of Last Report 04/30/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1535518		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Country		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
9. Name and Address of Current Registered Agent SCHWALB, LEONARD E. 430 NE 195TH ST. N. MIAMI BEACH FL 33179				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P T	1.1 TITLE	Secretary
NAME	SCHWALB, RUBY	1.2 NAME	cheryl Schwalb
STREET ADDRESS	430 NE 195TH ST.	1.3 STREET ADDRESS	430 NE 195th St
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	N. MIAMI Beach, FL
TITLE	V	2.1 TITLE	President
NAME	SCHWALB, JEFFREY	2.2 NAME	Schwab, Jeffrey
STREET ADDRESS	1255 NE 199TH ST	2.3 STREET ADDRESS	1255 NE 199th St
CITY-ST-ZIP	N. MIAMI BEACH FL	2.4 CITY-ST-ZIP	N. MIAMI Beach, FL
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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:  Jeff SCHWALB Pres 2/14/97 305/6524488

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)