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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 486153

(0)

HARTLE	/ A. SCHWARTABERG, D.O.	, P.A.			
Principal Place of Business 8189 MIRAMAR PARKWAY MIRAMAR FL 33023		Mailing Address 6188 Miramar Parkway Miramar Fl. 33023-9940		T TORAIT CHARLE HOLD CHARL THACK SHIED THE CLEAN CHARL CIDEL STALL CHARL STORE 1981	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					Date of Last Report 04/09/1996
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite Apt.	# rdr	Suite, Apt. #, etc.		59-1621443	Not Applicable \$8.75 Additional
22 City & State	II. 5050	27		5. Certificate of Status Desired	Fee Required
Ony or conta)	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28 Zip	Country	Trust Fund Contribution B. This corporation has liability for intangent	Added to Fees
24	25	29	30	Florida Statules X Yes	☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	red Agent
	TT, HOWARD F. : LEJEUNE RD #500 GABLES PL/	N74	81 Name		
	AL GABLES FL 33134	14.71.	82 Street Ado	fress (P.O. Box Number is Not Acceptable)	
			83	<u></u>	
			84 City		85 Zip Code
44 Thronocl	the second of Scations 607 0100	and £07 1500 Florido Stat.		poration submits this statement for the purpos	-L []
frontice or r	egistered agent, or both, in the State c m familiar with, and accept the obligat	of Florida. Such change was	authorized by the corpora	ation's board of directors. I hereby accept the	appointment as registered
	Signature: typed at perbodian is of registered agent	· · · · · · · · · · · · · · · · · · ·	TE Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS	
12.	POST OFFICERS AND	DELETE	13. 1.1 Title	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	SCHWARTZBERG, HARTLEY		1.2 NAME	± +	
STREET ADORESS	6188 MIRAMAR PARKWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 00000	Lociety	1.4 CITY-ST-ZIP		
TITLE NAME		☐ DELETE	2.1 TITLE 2.2 NAME		L. Change L. Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - S1 - 7IP		•	2. 4 City-St-ZiP		
TOTLE		DELETE	3.1 TITLE	- 177 143 1 L	Change Addition
NAME			3.2 NAME		
-STREET ADDRESS			3.3 STREET ADORESS		
CITY - S1 - ZF	The second secon	DELETE	34. City-ST-ZIP 4.1 Title		Change Addition
NAMI		pand	4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City S1 - ZiF	,		4 4 CITY - ST - ZIP		
ToTLE		☐ DFLETE	51 TITLE		Change Addition
NAME			5.2 NAME		
,STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		Broad -	6.2 NAME		
STHEET ADDRESS			6.3 STREET ADDRESS		

64 CITY-ST-ZIP

14. If 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 13 of charged, or on an attachment with an address.

SIGNATURE:

98/97 (954) 9661

FILED

Mar 04 1997 8:00am

Secretary of State