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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 507225 (1)

MAX SCHUSTER OF FLORIDA, INC.

## **FILED** Feb 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
14 N.E. 1ST AVENUE 14 N.E. 1ST AVENUE MIAMI FL 33132 MIAMI FL 33132						DO NOT WRITE IN THIS SPACE
•						3. Date Incorporated or Qualified
						07/15/1976
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	
21		26				13-2862218 Not Applicable
Suite, Apt.	·	Suite, Apt. #, etc.	27			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip Country		Zip Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	25 g. Name and Address of Curr	29 Capt Registered Agent	30			10. Name and Address of New Registered Agent
	······································	ent Aegisteleu Agent		31	Name	IQ. Hand the reaction of the registre registre
	ONARD YUDKOWITZ		Ľ			
	11 N. 44TH AVE. LLYWOOD FL 33021				Street Addre	ess (P.O. Box Number is Not Acceptable)
			L	33		10-1 7- 0-1-
					City	FL 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						
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required.)  12. OFFICERS AND DIRECTORS 13.					t signature require	d when refinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.			DELETE 1,1 TITLE			Change Addition
TITLE	PD CONSTER MAY		1	1,2 NAME		
NAME	SCHUSTER, MAX 336 W PASSAIC ST			_	ADDRESS	
STREET ADDRESS	ROCHELLE PARK NJ		1.4 CITY			
CITY-SI-ZIP TITLE	NOOHELEE PARK NO	DELETE	2.1 TITL		- 211	Change Addition
NAME			2.2 NAM	2.2 NAME		
STREET ADDRESS			4		IDDRESS	
			2. 4 CIT			
CITY-SI-ZIP TITLE		DELETE	3.1 TITL		- 41	Change Additlo
NAME		<u> </u>	3.2 NAME			
STREET ADDRESS					UDDRESS	
l ' '				3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	4.1 TITL		-211	Change Addition
NAME				4. 2 NAME		
STREET ADDRESS					DDRESS	
CITY-ST-ZIP						
TITLE		DELETE	_	4.4 CITY - ST - ZIP 5.1 TITLE		Change Additio
NAME		<u> </u>	5.2 NAM			
STREET ADDRESS					NDDRESS	
1						
CITY-ST-ZIP TITLE				5.4 CITY-ST-ZIP 3.1 TITLE		Change Additio
NAME		<del>_</del>	6.2 NAN		1	
STREET ADDRESS					NDDRESS	
CITY-ST-ZIP			6.4 CITY			
14 I herehy o	pertify that the information supplied	with this filing does not qualify f				Section 119.07(3)(i), Florida Statutes. I further certify that the information

The early being that the information supplied with this hing does not quality for the exemption stated in section 119.0 (3)(), Florida Statutes. Further certify that the information indicated on this annual reports 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 opporation 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.

BIRE REQUIRED

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