

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 600300 (8)

1. Corporation Name

SCHNEIDER, POMERANTZ & GRNJA, P.A.



Principal Place of Business

Mailing Address

1859 VAN BUREN STREET  
3RD FLOOR  
HOLLYWOOD FL 33020  
US

1859 VAN BUREN STREET  
3RD FLOOR  
HOLLYWOOD FL 33020  
US

3. Date Incorporated or Qualified  
11/15/1967

3a. Date of Last Report  
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21 210 S. FEDERAL HIGHWAY

26 2450 HOLLYWOOD BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2ND FLOOR

27 # 300

City & State

City & State

23 HOLLYWOOD FL

28 HOLLYWOOD FL

Zip

Country

Zip

Country

24 33020

25 BROWARD

29 33020

30 BROWARD

4. FEI Number  
59-1196795

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$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

10. Name and Address of New Registered Agent

SCHNIEDER, JOEL A, MD  
1859 VAN BUREN ST.  
3RD FLOOR  
HOLLYWOOD FL 33020

81 Name

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

83

84 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 or director, if applicable)

(Printed Registered Agent Signature, required if the corporation is changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCEIDER, JOEL A.	
STREET ADDRESS	3851 N. 31ST TERR.	
CITY-ST-ZIP	HOLLYWOOD, FL 0 FL 33021	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	POMERANTZ, ROBERT	
STREET ADDRESS	4800 N. HILLS DR.	
CITY-ST-ZIP	HOLLYWOOD, FL FL 33021	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GRNJA, VLADIMAR	
STREET ADDRESS	1007 N. NORTHLAKE DR.	
CITY-ST-ZIP	HOLLYWOOD, FL FL 33019	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SIEFF, DAVID I.	
STREET ADDRESS	3145 HUNTER RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	BORRERO, GEORGE	
STREET ADDRESS	3866 PINELAKE DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SCHNEIDER, JOEL A
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 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. I am attaching with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

(954) 922-4096

Date

Daytime Phone #

CR2E034 (12/95)