FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **602855** **(9)**

1. Corporation Name

NEWMAN, SCHNEIDER AND SANTOS, P.A.

Principal Place of Business
5975 W. SUNRISE BLVD.
SUNRISE FL 33313

Mailing Address
5975 W. SUNRISE BLVD.
SUNRISE FL 33313

3. Date Incorporated or Qualified: 05/28/1971
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1355611 — Applied For / Not Applicable

2. Principal Place of Business
21 1601 Town Center Blvd
22 Suite, Apt. #, etc.
23 City & State: Ft. Lauderdale, FL
24 Zip: 33326 25 Country: US

2a. Mailing Address
26 1601 Town Center Blvd.
27 Suite, Apt. #, etc.
28 City & State: Ft. Lauderdale, FL
29 Zip: 33326 30 Country: US

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**

NEWMAN, MARVIN
5975 W. SUNRISE BLVD.
SUNRISE FL 33313

10. **Name and Address of New Registered Agent**

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 1601 Town Center Blvd.
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33326

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

Field	Officer/Director	Delete
TITLE	T	☐ DELETE
NAME	NEWMAN, MARVIN	
STREET ADDRESS	5975 W. SUNRISE BLVD.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	P	☐ DELETE
NAME	SCHNEIDER, STEVEN P.	
STREET ADDRESS	5975 W. SUNRISE BLVD.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	V	☐ DELETE
NAME	SANTOS, JOSE H	
STREET ADDRESS	5975 W. SUNRISE BLVD.	
CITY-ST-ZIP	SUNRISE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change	Addition
1.1 TITLE		☑ Change	☐ Addition
1.2 NAME			
1.3 STREET ADDRESS	1601 Town Center Blvd		
1.4 CITY-ST-ZIP	Ft Lauderdale, FL 33326		
2.1 TITLE		☑ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS	1601 Town Center Blvd		
2.4 CITY-ST-ZIP	Ft Lauderdale, FL 33326		
3.1 TITLE		☑ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS	1601 Town Center Blvd.		
3.4 CITY-ST-ZIP	Ft Lauderdale, FL. 33326		
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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, or on an attachment with an address.

SIGNATURE:* Marvin Newman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 28 1996

Date Daytime Phone #

CR2E034 (12/95)