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Feb 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 666553 (3)

1. Corporation Name  
SCHAFFER AND MARKS, INC.

Principal Place of Business

4956 SHERIDAN ST  
PO BOX 7025  
HOLLYWOOD FL 33021

Mailing Address

4956 SHERIDAN ST  
PO BOX 7025  
HOLLYWOOD FL 33021-2801



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 25 Country

24 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 30 City

3. Date Incorporated or Qualified

04/11/1980

3a. Date of Last Report

02/23/1996

4. FEI Number

59-1988596

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

SCHAFFER, ALLAN B  
4956 SHERIDAN STREET  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

Name

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

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the re-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, type or printed name of registered agent, and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
SCHAFFER, ALLAN B.  
STREET ADDRESS 4956 SHERIDAN ST.  
CITY - ST - ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME STD  
SCHAFFER, RUTH B.  
STREET ADDRESS 4956 SHERIDAN ST.  
CITY - ST - ZIP HOLLYWOOD 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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 ☐ Change ☐ Addition

1.2

1.3 ADDRESS

1.4 CITY - ZIP

2.1 ☐ Change ☐ Addition

2.2

2.3 ADDRESS

2.4 CITY - ZIP

3.1 ☐ Change ☐ Addition

3.2

3.3 ADDRESS

3.4 CITY - ZIP

4.1 ☐ Change ☐ Addition

4.2

4.3 ADDRESS

4.4 CITY - ZIP

5.1 ☐ Change ☐ Addition

5.2

5.3 ADDRESS

5.4 CITY - ZIP

6.1 ☐ Change ☐ Addition

6.2 NAME

6.3 STREET

6.4 CITY

14. I do hereby certify that the information supplied with this filing does not qualify for the election 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:

ALLAN B. SCHAFFER

ALLAN SCHAFFER

1/30/97

954-963-6664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)