

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

**FILED**

**Feb 14 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F58118 (3)**  
1. Corporation Name  
**SCHOENFELD REALTY, INC.**



Principal Place of Business  
**300-71 STREET  
545  
MIAMI BEACH FL 33141  
US**

Mailing Address  
**P.O. BOX 545949  
~~300-71 STREET, SUITE 545~~  
SURFSIDE FL 33154-5949  
US**

3. Date Incorporated or Qualified  
**12/11/1981**

3a. Date of Last Report  
**02/01/1996**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 **P.O. Box 545949**  
27 Suite, Apt. #, etc.  
28 **SURFSIDE, FL. 33154**  
29 Zip  
30 **U.S.**

4. FEI Number  
**59-2143743**

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  
**SCHOENFELD, NATHAN  
300-71 STREET, SUITE 545  
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>STO</b> <input type="checkbox"/> DELETE
NAME	<b>SCHOENFELD, NOEMI</b>
STREET ADDRESS	<b>10185 COLLINS AVEN #PH2</b>
CITY - ST - ZIP	<b>BAL HARBOUR FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>SCHOENFELD, NATHAN</b>
STREET ADDRESS	<b>10185 COLLINS AVENUE #PH2</b>
CITY - ST - ZIP	<b>BAL HARBOUR FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>SCHOENFELD, HAL</b>
STREET ADDRESS	<b>10295 COLLINS AVENUE #1003N</b>
CITY - ST - ZIP	<b>BAL HARBOUR FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nathan Schoenfeld Pres.* 2-10-97 (305)864-2310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)