

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

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F95000001998 (2)**

1. Corporation Name
EDWARDS AND ZUCK, P.C.

Principal Place of Business

**330 WEST 42ND ST.
NEW YORK NY 10036**

Mailing Address

**330 WEST 42ND ST.
NEW YORK NY 10036**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1995

4. FEI Number

13-2860288

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**SCHIMMEL, ARNOLD
1201 SOUTH OCEAN DR.
HOLLYWOOD FL 33019**

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

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 the person applying for the change (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	LORENZ, FRANCIS J	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		330 W 42ND ST	
CITY-ST-ZIP		NEW YORK NY	
TITLE	PD	SPOSATO, PETER J	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		330 W 42ND ST	
CITY-ST-ZIP		NEW YORK NY	
TITLE	DV	BRANDON, MICHAEL F	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		330 W 42ND ST	
CITY-ST-ZIP		NEW YORK NY 10036	
TITLE	D	SPOSATO, PATRICK G	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		330 W 42ND ST	
CITY-ST-ZIP		NEW YORK NY 10036	
TITLE	D	DONOLLI, MATTHEW G	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		330 W 42ND ST	
CITY-ST-ZIP		NEW YORK NY 10036	
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 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:

Francis J. Lorenz 1/30/98

CR2E034 (10/97)