

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

FILED

Feb 13 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 # F96000004688 (5)

1. Corporation Name

SPEZIALI, GREENWALD, KUENY & HAWKINS, P.C.

Principal Place of Business

6925 LAKE ELLENOR DR #600
ORLANDO FL 32809

Mailing Address

6925 LAKE ELLENOR DR #600
ORLANDO FL 32809-4626

3. Date Incorporated or Qualified

09/11/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 Suite, Apt #, etc

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 221 Laurel Road

27 Suite, Apt #, etc

28 City & State

Yoorhees, NJ

29 Zip

08043

30 Country

USA

4. FEI Number

22-3454762

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

BROWNING, STEVEN
6925 LAKE ELLENOR DR #600
ORLANDO FL 32809

10. Name and Address of New Registered Agent

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	SPEZIALI, DAVID	
STREET ADDRESS	1040 KINGS HWY N #405	
CITY-ST-ZIP	CHERRY HILL NJ 08034	
TITLE	DCV	<input type="checkbox"/> DELETE
NAME	GREENWALD, LOUIS	
STREET ADDRESS	1040 KINGS HWY N #405	
CITY-ST-ZIP	CHERRY HILL NJ 08034	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KUENY, BERNARD III	
STREET ADDRESS	1040 KINGS HWY N #405	
CITY-ST-ZIP	CHERRY HILL NJ 08034	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HAWKINS, JOANNE	
STREET ADDRESS	1040 KINGS HWY N #405	
CITY-ST-ZIP	CHERRY HILL NJ 08034	
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)