

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000004688

1. Corporation Name

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

Principal Place of Business

6925 LAKE ELLENOR DR #600  
ORLANDO FL 32809  
US

Mailing Address

221 LAURAL RD  
STE 135  
VOORHEES NJ 32809  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1996

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2960 S. McCall Rd.

Suite, Apt. #, etc.

22 210

City & State

23 ENGLEWOOD FLORIDA

Zip Country

24 34224 25 US

2a. Mailing Address

26 221 LAUREL RD.

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29 30

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 HARVEY, DONNA

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

2960 S. McCall Rd

83 SUITE 210

84 City ENGLEWOOD

FL

85 Zip Code

34224

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

Dr. Harvey

Donna L. Harvey

3/31/99

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 ☐ DELETE

NAME SPEZIALI, DAVID  
STREET ADDRESS 221 LAUREL RD #135  
CITY-ST-ZIP VOORHEES NJ 08043

TITLE DCV ☐ DELETE

NAME GREENWALD, LOUIS  
STREET ADDRESS 221 LAUREL RD #135  
CITY-ST-ZIP VOORHEES NJ 08043

TITLE DS ☐ DELETE

NAME KUENY, BERNARD III  
STREET ADDRESS 221 LAUREL RD #135  
CITY-ST-ZIP VOORHEES NJ 08043

TITLE DT ☐ DELETE

NAME HAWKINS, JOANNE  
STREET ADDRESS 221 LAUREL RD #135  
CITY-ST-ZIP VOORHEES NJ 08043

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 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

4/5/99 (609) 770-0090

Date

Daytime Phone #

CR2E034 (11/98)