

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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90216 036 \*\*\*150.00

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1. Corporation Name

SCHWARTZMAN GARELIK WALKER KAPILOFF & MANN, P.C.

Principal Place of Business

355 LEXINGTON AVE.  
NEW YORK NY 10017

Mailing Address

355 LEXINGTON AVE.  
NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1996

4. FEI Number

13-3911269

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

COTLER & BASEMAN, P.A.  
2435 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

ABRAMS ANTON, P.A.

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

2021 TYLER STREET

83

84 City

HOLLYWOOD

FL

85 Zip Code  
33022

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 PDC ☐ DELETE  
NAME SCHWARTZMAN, HERMAN  
STREET ADDRESS 355 LEXINGTON AVE.  
CITY-ST-ZIP NEW YORK NY 10017

TITLE VD ☐ DELETE  
NAME WALKER, EDWARD N  
STREET ADDRESS 355 LEXINGTON AVE.  
CITY-ST-ZIP NEW YORK NY 10017

TITLE SDC ☐ DELETE  
NAME GARELIK, DAVID M  
STREET ADDRESS 355 LEXINGTON AVE.  
CITY-ST-ZIP NEW YORK NY 10017

TITLE TD ☐ DELETE  
NAME KAPILOFF, ARNOLD Y  
STREET ADDRESS 355 LEXINGTON AVE.  
CITY-ST-ZIP NEW YORK NY 10017

TITLE VD ☐ DELETE  
NAME TROY, BERNARD E  
STREET ADDRESS 355 LEXINGTON AVE.  
CITY-ST-ZIP NEW YORK NY 10017

TITLE V ☒ DELETE  
NAME MANN, HOWARD L  
STREET ADDRESS 355 LEXINGTON AVE.  
CITY-ST-ZIP NEW YORK NY 10017

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

Date

Daytime Phone #

CR2E034 (1/98)