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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DANIEL D. SCHOENMAN, D.C., P.A.

DIVISION OF CORPORATIONS 1999 03-17-1999 90118 007 ***150.00 DOCUMENT # G24293

1. Corporation Name

FILED Mar 17, 1999 8:00 am Secretary of State

Principal Place of Business Mailing Address										
4212 NORTHLAKE BLVD. 4212 NORTHLAKE BLVD.										
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 334				410			DO NOT WRIT	E IN THIS:	SPACE	
						3	Date Incorporated or Qualifed	- 11 1110	J. 7.0E	
						1 -	02/16/1983			İ
2. Principal P	lace of Business	2a, Mailing Address					FEI Number			Applied For
21 26							59-2250202		,	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				1			\$8.75	Additional
22		27				5	Certificate of Status Desired		Fee	Required
City & State City & State						6.	Election Campaign Financing			🕽 Мау Ве
23		28					Trust Fund Contribution		Adde	d to Fees
Zıp				Country			This corporation owes the curre	ent year Inta		
24	25	29 3	0	_	<u> </u>	.1—	Personal Property Tax.		Yes	No
	9. Name and Address of Currer	nt Registered Agent	-	г.		10.	Name and Address of New R	egistered A	Agent	
¢CH	IOENMAN, DC, DANIEL D		81	"	Vame					
4212 NORTHLAKE BLVD PALM BEACH GARDENS FL 33410			82	3	Street Addres	Address (P.O. Box Number is Not Acceptable)				
			83	-						
1742	in better witherto re sorts		63							
			84	(City			FL	85 Zij	Code
AA Dura ont	to the provisions of Sections 607 050	12 and 607 1508. Florida Statutes	the above	L.	amed cornor	ration	submits this statement for the	purpose of	changing i	ts registered
office or r	egistered agent, or both, in the State	of Florida. Such change was aut	horized by	the	e corporation	s bo	ard of directors. I hereby accep	t the appoin	itment as	registered
agent. La	m familiar with, and accept the obliga	itions of, Section 607 0505. Florid	la Statutes	ŝ.						1
SIGNATURE	Signature, typed or printed name of registered age	nt and title if audicable NOTE R	enistered Age	nt sie	gnature required s	when re	(Pritisians)	DATE		
12.		ID DIRECTORS	13.				ADDITIONS/CHANGES TO OF	ICERS AN	D DIRECT	FORS IN 2
TITLE	PD	☐ DELETE	1 TITLE					-	Change	e Acidition
NAME	SCHOENMAN, DANIEL D		12 NAME							
STREET ADDRESS	4212 NORTHLAKE BLVD.	138		1 3 STREET ADDRESS						i
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NAME			2.2 NAME							1
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STREET ADDRESS			53 STREET							Į
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TITLE		□ nere ie	62 NAME							C C Addition
NAME			63 STREE	TAF	IDDESS					
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14. 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 corpuspee 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