


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

FILED

Jan 20 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 # G99921 (0) 1. Corporation Name M. SCHWARTZ ENTERPRISES, INC.					
Principal Place of Business 2575 N.E. 200TH ST. NORTH MIAMI BEACH FL 33180			Mailing Address 2575 N.E. 200TH ST. NORTH MIAMI BEACH FL 33180		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/27/1984	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2426104	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SCHWARTZ, HAMAN 2575 N.E. 200TH ST. NORTH MIAMI BEACH FL 33180				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	



DO NOT WRITE IN THIS SPACE

Signature of 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		P		[ ] DELETE			
NAME		SCHWARTZ, HANAN					
STREET ADDRESS		2575 N.E. 200TH ST.					
CITY - ST - ZIP		NORTH MIAMI BEACH FL					
TITLE		V		[ ] DELETE			
NAME		SCHWARTZ, PAULA					
STREET ADDRESS		2575 N.E. 200TH ST.					
CITY - ST - ZIP		NORTH MIAMI BEACH FL					
TITLE				[ ] DELETE			
NAME							
STREET ADDRESS							
CITY - ST - ZIP							
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.7.98

(954) 430-2992

CR2E034 (10/97)