FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H24269** **(3)**

1. Corporation Name

BARON & SCHANTZ, P.A.

Principal Place of Business

2400 N. UNIVERSITY DR., #206
PEMBROKE PINES FL 33024

Mailing Address

2400 N. UNIVERSITY DR., #206
PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified: **10/05/1984**

3a. Date of Last Report: **04/24/1995**

4. FEI Number: **59-2449121** ☐ 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

2. Principal Place of Business

21 1900 N. UNIVERSITY DR.
Suite, Apt. #, etc.
22 SUITE 208
City & State
23 PEMBROKE PINES, FL
Zip 24 33024 Country 25 USA

2a. Mailing Address

26 1900 N. UNIVERSITY DR.
Suite, Apt. #, etc.
27 SUITE 208
City & State
28 PEMBROKE PINES, FL
Zip 29 33024 Country 30 USA

9. Name and Address of Current Registered Agent

SCHANTZ, HALE M.
~~**2400 N. UNIVERSITY DR., #206**~~ 1900 N UNIVERSITY DR.
~~**PEMBROKE PINES FL 33024**~~ SUITE 208
PEMBROKE PINES, FL 33024

10. Name and Address of New Registered Agent

81 Name

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

83 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BARON, EVAN	
STREET ADDRESS	~~2400 N. UNIV. DR. #206~~	
CITY-ST-ZIP	~~PEMBROKE PINES FL~~	
TITLE	VD	☐ DELETE
NAME	SCHANTZ, HALE	
STREET ADDRESS	~~2400 N. UNIV. DR. #206~~	
CITY-ST-ZIP	~~PEMBROKE PINES FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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STREET ADDRESS		
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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 TITLE		☒ Change ☐ Addition
2 NAME		
3 STREET ADDRESS	1900 N UNIVERSITY DR. SUITE 208	
4 CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
5 TITLE		☒ Change ☐ Addition
6 NAME		
7 STREET ADDRESS	1900 N. UNIVERSITY DR. SUITE 208	
8 CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
9 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
25 TITLE		☐ Change ☐ Addition
26 NAME		
27 STREET ADDRESS		
28 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is accurately furnished and 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 added above or on an attachment with an address.

SIGNATURE: _____ 4/12/96 954-431-3044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #