

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
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90005 016 ***150.00

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1. Corporation Name

SCHANTZ, SCHATZMAN, AARONSON & PERLMAN, P.A.

Principal Place of Business

200 S BISCAYNE BLVD
SUITE 1050
MIAMI FL 33131-2394
US

Mailing Address

200 S BISCAYNE BLVD
SUITE 1050
MIAMI FL 33131-2394
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1986

4. FEI Number

59-2634231

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 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 County

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SCHATZMAN, ROBERT A.
200 SO. BISCAYNE BLVD
SUITE 1050
MIAMI FL 33131-2394

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

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

☐ DELETE

TITLE PD
NAME SCHANTZ, LAWRENCE M.
STREET ADDRESS: 200 SO. BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL

TITLE VST
NAME SCHATZMAN, ROBERT A.
STREET ADDRESS: 200 SO. BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

TITLE VD
NAME AARONSON, GEOFFREY S.
STREET ADDRESS: 200 SO. BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

TITLE D
NAME SCHATZMAN, ROBERT A
STREET ADDRESS: 200 SO. BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS:
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS:
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

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☐ Change

☐ Addition

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☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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 #

4/23/99 (305) 371-3100

CR2E034 (11/98)