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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # J89077

(8)

SCHWARTZ PROPERTY SALES, INC.

SCHWARTZ	SALES	CORP

FILED May 14 1997 8:00am Secretary of State



	ge of Business	Mailing Addres	SS				I BITH DINK BYOK DIGHT 6	(DEL B101) (ED)
BAY RIDGE IST OFFICE IY LARGO F	É E ROAD BOX 1550	20 BAY RIDGE POST OFFICE E KEY LARGO FL	ROAD BOX 1550					
I LKNOW T	-C 33031	RET CANOO TE	. 00007-1300			3. Date Incorporated or Qualified 08/18/1987	3a. Date of Las 08/14/199	
Principal F	Place of Business	2a. Mailing Add	dress			4. FEI Number	1 99/14/199	Applied For
		26				65-0006125		Not Applicat
Suite, Apt	#, etc	Suite, Apt.	#, etc.			5. Certificate of Status Desired		5 Additional Required
City & Sta	ite	City & State	e			Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zφ	Country	Zip		Country	,	8. This corporation has liability for		rs. 199.032,
	25	29		30			XYes No	
	9. Name and Address of Curre	ent Registered Agent	<u>t</u>		Y 27"	10. Name and Address of New F	egistered Agent	
	HWARTZ, B. L.			81	Name		•	
	3355 OVERSEAS HWY.			82	Street Add	dress (P.O. Box Number is Not Accepta	ible)	
KE\	Y LARGO FL 33037				 		· · · · · · · · · · · · · · · · · · ·	
		•		83				
				84	City		85 Z	ip Code
) '	rporation submits this statement for the ation's board of directors. I hereby acce	 -L	·
GNATURE	Ship alone, typind or printed range of registered a OFFICERS A	agent and title if applicable	(NOTE	Registered Age	ent signature req	ARRED when reinstating) ADDITIONS/CHANGES TO OFF	DATE	ORS IN 12
						ADDITIONS/CITARIOES TO OFF	02.107.10 07.120	O110 114 112
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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 of 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 an an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

Daytime Phone #