SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K49685

(6)

MELVIN SCHWARTZ, P.A.

FILED Sep 09 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 13351 VERDUN DRIVE 13351 VERDUN DRIVE PALM BCH. GARDENS FL 33410 PALM BCH. GARDENS FL 33410 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 12/07/1988 09/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0085185 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 ΠNo 29 Personal Property Tax due June 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SCHWARTZ, MELVIN 81 13351 VERDUN DR. 82 Street Address (P.O. Box Number is Not Acceptable) PALM BCH GARDENS FL 33410 83 84 City Zip Code 85 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: Rogistered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE ☐ Change Acidition TITLE SCHWARTZ, MELVIN NAME 1.2 NAME 13351 VERDUN DR. STREET ADDRESS 1.3 STREET ADDRESS PALM BCH GRDNS. FL CITY-ST-ZIP 1.4 CITY-ST-ZIP __ DELETE 2.1 TITLE Change Addition TITLE SCHWARTZ, LOIS R. NAME 2.2 NAME 13351 VERDUN DR. 2.3 STREET ADDRESS STREET ADDRESS PALM BCH GARDENS FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TIFLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 51 TITLE ☐ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - S1 - 7(P CITY-ST-ZIP

14. I do 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 12 or Block 12 or on an attachny hill with an address.