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**Mar 19 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # K50429**

**(5)**

1. Corporation Name  
**YABLIN & SCHNEID, P.A.**



Principal Place of Business  
**699 S. FEDERAL HWY.  
HOLLYWOOD FL 33020**

Mailing Address  
**699 S. FEDERAL HWY.  
HOLLYWOOD FL 33020-5421**

3. Date Incorporated or Qualified: **11/30/1988**  
3a. Date of Last Report: **03/12/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: **65-0085456**  
Applied For:  Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YABLIN, ARNOLD  
699 S. FEDERAL HWY.  
HOLLYWOOD FL 33020**

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 607.0501 and 607.1506, 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: *Arnold Yablin*, **Arnold Yablin** **March 14, 1997**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>DP YABLIN, ARNOLD ESQ.</b>	<b>699 S. FEDERAL HWY.</b>	<b>HOLLYWOOD FL</b>	<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SCHNEID, DAVID J. ESQ.</b>
2.3 STREET ADDRESS	<b>699 S. Federal Hwy.</b>
2.4 CITY-ST-ZIP	<b>Hollywood, FL 33020</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 contained 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: *Arnold Yablin*, **Arnold Yablin-President** **March 14, 1997**  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE DAY/MONTH/YEAR

CR2E034 (9/96)