

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.)

FILED
Aug 20 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 # L14912 (4) 1. Corporation Name TURKEL SCHWARTZ & PARTNERS, INC.		



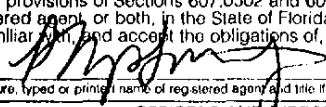
Principal Place of Business 2871 OAK AVENUE COCONUT GROVE FL 33133	Mailing Address 2871 OAK AVENUE COCONUT GROVE FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/12/1989		3a. Date of Last Report 08/23/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0146010		Applied For ☐ Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip 24		Country 25		Zip 29		Country 30	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No							

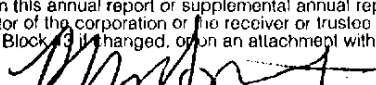
9. Name and Address of Current Registered Agent TURKEL, BRUCE 2871 OAK AVE COCONUT GROVE FL 33133				10. Name and Address of New Registered Agent			
				81 Name Philip Schwartz			
				82 Street Address (P.O. Box Number is Not Acceptable) 2775 Shipping Avenue			
				83			
				84 City Coconut Grove FL 85 Zip Code 33133			

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  **Philip Schwartz, President** **8/12/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	☐ DELETE	1.1 TITLE V/S/D	☒ Change ☐ Addition
NAME TURKEL, BRUCE		1.2 NAME TURKEL, BRUCE	
STREET ADDRESS 2871 OAK AVE		1.3 STREET ADDRESS 6301 SNAPPER CREEK DR	
CITY-ST-ZIP COCONUT GROVE FL		1.4 CITY-ST-ZIP MIAMI, FL 33143	☐ Change ☒ Addition
TITLE	☐ DELETE	2.1 TITLE P/T/D	☐ Change ☒ Addition
NAME		2.2 NAME SCHWARTZ, PHILIP	
STREET ADDRESS		2.3 STREET ADDRESS 2775 SHIPPING AVENUE	
CITY-ST-ZIP		2.4 CITY-ST-ZIP COCONUT GROVE, FL 33133	☐ Change ☐ Addition
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 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	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE 

CR2E034 (4/97)