

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L43720 (6)**

1. Corporation Name

**PETER J. SCHWEITZER & ASSOCIATES, INC.**



Principal Place of Business

Mail Address

~~4986 W. ATLANTIC BLVD  
MARGATE FL 33063  
US~~

P.O. BOX 8552  
CORAL SPRINGS FL 33075  
US

2. Principal Place of Business

2a. Mailing Address

21 **2521 N. DIXIE HWY**  
22 State: **FL**

26 State: **FL**

23 **LAKE WORTH FL**

24 **33460** 25 **Palm Beach** 29 **FL**

27 City, & State

28 Zip

30 County

9. Name and Address of Current Registered Agent

**ROSENBAUM, RICHARD A.  
515 E LAS OLAS BLVD  
SUITE 1500  
FORT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified <b>01/16/1990</b>	3a. Date of Last Report <b>01/17/1995</b>
4. FEIN Number <b>11-2598782</b>	Applied For Not Applicable
5. Certificate of Status Required <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

11. Pursuant to the provisions of Sections 602.04 and 602.05, Florida Statutes, the duly organized corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such filing does not constitute an admission of liability. The corporation's board of directors, hereby, accept the appointment as registered agent. I, the undersigned, accept the obligations of Section 602.04, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>D</b> NAME: <b>SCHWEITZER, PETER, J.</b> STREET ADDRESS: <b>4986 W ATLANTIC BLVD</b> CITY, ST, ZIP: <b>MARGATE FL</b> TITLE: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR NAME: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR STREET ADDRESS: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR CITY, ST, ZIP: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR TITLE: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR NAME: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR STREET ADDRESS: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR CITY, ST, ZIP: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR TITLE: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR NAME: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR STREET ADDRESS: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR CITY, ST, ZIP: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	TITLE: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR NAME: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR STREET ADDRESS: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR CITY, ST, ZIP: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR TITLE: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR NAME: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR STREET ADDRESS: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR CITY, ST, ZIP: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR TITLE: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR NAME: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR STREET ADDRESS: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR CITY, ST, ZIP: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

14. I, the undersigned, certify that the information supplied herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to execute this statement. I further certify that the information included on this statement is true and correct to the best of my knowledge and belief, and that I am duly qualified to execute this statement. I further certify that the information included on this statement is true and correct to the best of my knowledge and belief, and that I am duly qualified to execute this statement. I further certify that the information included on this statement is true and correct to the best of my knowledge and belief, and that I am duly qualified to execute this statement.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF AGENT, OFFICER OR DIRECTOR

CR2E034 (12/95)