SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 13 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L90093** **(0)**

1. Corporation Name
J. JEFFREY SCHATTNER, P.A.

Principal Place of Business	Mailing Address
888 SOUTH ANDREWS AVENUE FT. LAUDERDALE FL 33316	888 SOUTH ANDREWS AVENUE FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/26/1990
3a. Date of Last Report: 05/12/1994

2. Principal Place of Business	2a. Mailing Address
21 100 S. Pine Island Rd	25 100 S. Pine Island Rd.
Suite, Apt. #, etc. 22 114	Suite, Apt. #, etc. 27 114
City & State 23 Plantation, FL	City & State 28 Plantation, FL
Zip / Country 24 33324 / 25 U.S.A.	Zip / Country 29 33324 / 30 U.S.A.

4. FEI Number: 65-0214324 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EMANUELE, MARK A.
888 SOUTH ANDREWS AVENUE
SUITE 301
FT. LAUDERDALE 33316

10. Name and Address of New Registered Agent

81 Name: Jonas J. Schattner
82 Street Address (P.O. Box Number is Not Acceptable)
83 100 South Pine Island Road
Suite 114
84 City: Plantation **FL** 85 Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	SCHATTNER, JONAS J.	1.2 NAME	
STREET ADDRESS	888 SOUTH ANDREWS AVENUE	1.3 STREET ADDRESS	Omit Mark A. Emanuele
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	EMANUELE, MARK A.	2.2 NAME	DPST
STREET ADDRESS	888 SOUTH ANDREWS AVENUE	2.3 STREET ADDRESS	Jonas J. Schattner
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	100 South Pine Island Road Plantation, FL 33324
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X _____ June 22, 1995 236-2240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078180 CP