

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L90093 (0)
1. Corporation Name
J. JEFFREY SCHATTNER, P.A.

Principal Place of Business 100 S PINE ISLAND RD STE 114 PLANTATION FL 33324 US	Mailing Address 100 S PINE ISLAND RD SRE 114 PLANTATION FL 33324 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/26/1990

2. Principal Place of Business 21 17836 NE 5 Ave Suite, Apt. #, etc. 22 City & State 23 Miami FL 24 Zip 33162 25 Country Dale	2a. Mailing Address 26 1600 SW 4 Ct. Suite, Apt. #, etc. 27 City & State 28 Fort Lauderdale 29 Zip 33312 30 Country Broward
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4. FEI Number
65-0214324
Applied For
Not Applicable

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

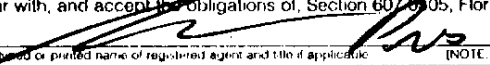
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SCHATTNER, JONAS J
100 S PINE ISLAND RD
STE 114
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name JONAS J. SCHATTNER
82 Street Address (P.O. Box Number is Not Acceptable)
17836 NE 5 AVE
83
84 City Miami FL 85 Zip Code 33162

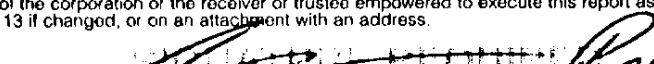
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.005, Florida Statutes.

SIGNATURE  4/22/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DPST ☐ DELETE
NAME	SCHATTNER, JOANS J
STREET ADDRESS	100 S PINE ISLAND RD
CITY - ST - ZIP	PLANTATION FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DPST ☒ Change ☐ Addition
1.2 NAME	SCHATTNER, JONAS J
1.3 STREET ADDRESS	17836 NE 5 AVE
1.4 CITY - ST - ZIP	Miami FL 33162
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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:  3/18/98 (954) 236 2240

CR2E034 (10/97)