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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name M02257

SPITZER, SCHWARTZ AND OTEY, PROFESSIONAL ASSOCIA

IION									
Principal Place	of Business	Mailing Address				-	801 81811 <b>818</b> 11 <b>81</b> 1	H DIAH	DHOU BURN IODK
6299 W SUNRISE BLVD SUITE 110 6299 W SUNRISE BLVD SUNRISE FL 33313 SUMRISE FL 33313 US				110					
						3. Date Incorporated or Qualified 06/27/1984	3a. Date of L 05/0		
2. Principal Pla	ice of Business	2a. Mailing Address	Mailing Address			4, FEI Number			Applied For
21 Suite Ant 4	Suite, Apt. #, etc.	Pulito Ant II ata			59-2419937			Not Applicable	
Suite, Apt. #	, etc	27 Sune, Apt. #, etc.	<del></del> 1			5. Certificate of Status Desired	□ <b>\$</b>		Additional Required
City & State		City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip				ıntry		This corporation has liability for intangible tax under s 199.032.			
24	25	29	30			Florida Statutes 💹 Yes 🔲 No			
Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered Age	nt	
				B1	Name				
OTEY, JEANNIE W. 6299 W SUNRISE BLVD., SUITE 110				82	Street Addres	Address (P.O. Box Number is Not Acceptable)			
	E FL 33313			83					······································
				84	City		FL 8	5 Z4	o Code
11. Pursuant to	o the provisions of Sections 607,050	2 and 607.1508, Florida Statute	es, the abo	ve-n	amed corporal	tion submits this statement for the purp	ose of changin	g its r	egistered office
or registere	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was authoriz	ed by the (	corpo	oration's board	of directors. I hereby accept the appo	intment as regi	stered	agent. I am
SIGNATURE _	Signature, typed or printed name of registered ager	t and title if ecolicable (NO	TF: Badistered	ł Agen	t signature required v	when reinstation	DATE		
12.	OFFICERS AND DIRECTORS		13.	<del></del>		ADDITIONS/CHANGES TO OFFIC	···	ECTO	RS IN 12
TOTLE	V	☐ DELETE	1.17	ITLE			Ct Ct		☐ Addition
NAME	SCHWARTZ, MARVIN	SCHWARTZ, MARVIN 1.2		1.2 NAME					
STREET ADDRESS	4931 FILMORE ST.	131 FILMORE ST. 1.3		1.3 STREET ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL		1.4 0	(TY-S	T-ZIP				
TITLE	PI)	☐ DELETE	2. 1 T	ITLE			CI	nange	Addition
NAME	OTEY, JEANNIE W.		22 N	AME	ļ				
STREET ADDRESS	6148 ROSE TERR.		2.3 S	TREET	ADDRESS				
CITY - ST - ZIP	PLANTATION FL		2.4 C	17Y-S	T - Zif'				
TITLE	S	☐ DELETE	3. 1 T	TLE			Cr	nange	☐ Addition
NAME	JOHNSON, DEBRA		3.2 N	AME					
STREET ADDRESS	1632 MCKINLEY STREET		3.3. S	TREET	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		3.4 D	ITY-S	T - ZIP				
TITLE	T	☐ DELETE	4. 1 T	ITLE			Ct	nange	Addition
NAME	Carlberg, Kathleen		4.2 N	AME					
STREET ADDRESS	3351 SW 21 ST		4.3 S	TREET	ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 C	ITY-S	T-ZIF				
TITLE		☐ DELETE	. 5.1 T	ITLE		96.) 96.	Ct	ange	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP		·····		ITY-\$	T-ZIP				
THILE		☐ DELE1E	6.11	ITLE			Cr	iange	☐ Addition
NAME			6.2 N	AME					
STREET ADDRESS	ADDRESS 6.5			TREET	address				
CITY - ST - ZIP	6.		6.4 C	6.4 CITY-ST-ZIP					

14. Ido hereby cert fy that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. JEANNIE W. OTEY MARCH 26, 1996 (954)792-9228 NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: Jeon

Daytime Phone #