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FILED

Jun 16 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 # M19998

(7)

1. Corporation Name
EDWARD J. SCHACK, P.A.

Principal Place of Business

~~1820 S. DIXIE HIGHWAY~~
~~STE. 1180~~
~~CORAL GABLES FL 33146~~
~~US~~

Mailing Address

~~1320 S. DIXIE HIGHWAY~~
~~STE. 1180~~
~~CORAL GABLES FL 33146~~
~~US~~

2. Principal Place of Business

21 6521 S. W. 145th St.

Suite, Apt. #, etc.

22 Miami, Fl. 33158

City & State

23 33158

USA

Zip

Country

24

25

2a. Mailing Address

26 6521 S.W. 145th St.

Suite, Apt. #, etc.

27 Miami, Fl. 33158

City & State

28 33158

USA

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SCHACK, EDWARD J.

~~1320 S. DIXIE HIGHWAY STE. 1180~~

~~SUITE 2~~

~~CORAL GABLES FL 33146~~

3. Date Incorporated or Qualified

08/28/1985

3a. Date of Last Report

04/30/1996

4. FEI Number

59-2570131

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

Edward J. Schack

82 Street Address (P.O. Box Number is Not Acceptable)

6521 S. W. 145th Street

83

84

City
Miami

FL

85

Zip Code
33158

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

Edward J. Schack

EDWARD J. SCHACK

5/8/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SCHACK, EDWARD J.

STREET ADDRESS ~~1820 S. DIXIE HIGHWAY STE. 1180~~

CITY-ST-ZIP ~~CORAL GABLES FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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

☒ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

6521 S. W. 145th Street

Miami, FL 33158

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

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

Edward J. Schack

CR2E034 (9/96)