

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M35261 (0)

1. Corporation Name

H. SCHEINERS, INC.



Principal Place of Business

Mailing Address

400 S. POINTE DR., #608
MIAMI BEACH FL 33139

400 S. POINTE DR., #608
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified
07/16/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 3709 STARBOARD AVE.

2a. Mailing Address
26 3709 STARBOARD AVE.

4. FEI Number
59-2693834

Applied For
Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

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

22 City & State
23 COOPER CITY, FL.

27 City & State
28 COOPER CITY, FL.

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

24 Zip
33026

25 Country
U.S.A

29 Zip
33026

30 Country
U.S.A

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHEINER, SADIE
400 S. POINTE DR. 608
MIAMI BEACH FL 33139

81 Name
SCHEINER, ALLEN

82 Street Address (P.O. Box Number is Not Acceptable)
3709 STARBOARD AVE.

83

84 City
COOPER CITY

85 Zip Code
FL 33026

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 SCHEINER, ALLEN, VICE PRESIDENT

Signature, type or print name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when constituting)

8-6-96
(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME SCHEINER, SADIE
STREET ADDRESS 400 S. POINTE DR. #608
CITY-ST-ZIP MIAMI BEACH FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME SCHEINER, SADIE
STREET ADDRESS 400 S. POINTE DR
CITY-ST-ZIP MIAMI BEACH FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME SCHEINER, ALLEN
STREET ADDRESS 400 S. POINTE DR. #608
CITY-ST-ZIP MIAMI BEACH FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

400001918224
-08/09/96--01067--018
***225.00

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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
H. SCHEINER, VICE PRESIDENT 8/6/96 458-8282
954
05 8/19/96

CR2E034 (3/96)