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P**R**OFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

M89514

(7)

LAWRANCE H. SCHWARTZ, ATTORNEY AT LAW, P.A.

Principal Place of Business

HE BUILDING

Mailing Address

FILED Apr 29 1998 8:00am Secretary of State



1503 W. 14TH STREET 1503 NW 14TH STREET MIAMI FL 33125 1540 N.W. 15TH ST. RD. DO NOT WRITE IN THIS SPACE **MIAMI FL 33125** 3. Date Incorporated or Qualified 07/06/1988 2. Principal Place of Business 21 | 1503 N.W. 14th STREET 2a. Mailing Address 4. FEI Number Applied For 65-0066356 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State | FL City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip 33125 Countr Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No VS 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JCHWARTI, LAWRANDE H. SCHWARTZ, LAWRANCE H. 1540 N.W. 15TH ST. RD. 82 **MIAMI FL 33125** 83 City MIAM1 84 Zip Code 33/2.5 Fl 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, typed or proted name of registered agont and little diapolesable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. PSTD ☐ Addition DELETE Change TITLE. 11TITLE SCHWARTZ, LAWRANCE H. NAME 1.2 NAME 1540 N.W. 15TH ST. RD. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - 7IP DELETE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZiP DELETE Addition Change TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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. LAWRANCE H. SCHWARTZ. 4/21/98 305)3240003