

FILE NOW: FILING FEE AFTER MAY 1 IS \$ 25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000006932 (6)

1. Corporation Name

LAWRENCE C. SCHREIBER, INC.



Principal Place of Business

300 S. PINE ISLAND RD.
STE. #247
PLANTATION FL 33324
US

Mailing Address

300 S. PINE ISLAND RD.
STE. #247
PLANTATION FL 33324
US

3. Date Incorporated or Qualified

01/28/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1507 SO. UNIVERSITY DR.

26 1507 SO. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite F

27 Suite F

City & State

City & State

23 PLANTATION, FLA

28 PLANTATION, FLA

Zip

Country

Zip

Country

24 33324

25 BROWARD

29 33324

30 BROWARD

4. FEI Number

65-0383340

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 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

LESSEL, STEWART
2401 NW 69TH ST
MIAMI BEACH FL 33147

81 Name LAWRENCE C. SCHREIBER

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

1507 SO. UNIVERSITY DR. - Suite F

83

84 City PLANTATION

FL

85 Zip Code

33324

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: LAWRENCE C. SCHREIBER Pres

(NOTE: Registered Agent Signature required when reinstating)

DATE

2/20/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME STEWART, LESSEL
STREET ADDRESS 7441 WAYNE AVE.
CITY - ST - ZIP MIAMI BEACH FL 33141

TITLE VP
NAME SCHREIBER, LAWRENCE C
STREET ADDRESS 465 SPINNAKER
CITY - ST - ZIP FT. LAUDERDALE FL 33326

TITLE ST
NAME STEINBERG, ROBERT
STREET ADDRESS 145 E. 27TH ST.
CITY - ST - ZIP NEW YORK FL 33141

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 607, 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

2/26/96

Date

305 424-9155

Daytime Phone #

CR2E034 (12/95)