

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 22 AM 9:50

DOCUMENT # P93000011488 (2)

1. Corporation Name

JILL S. SCHWARTZ, P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
180 PARK AVENUE, NORTH
SUITE 200
WINTER PARK FL 32789
US

Mailing Address
180 PARK AVENUE, NORTH
SUITE 200
WINTER PARK FL 32789
US

3. Date Incorporated or Qualified **02/08/1993** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-3169058** Applied For Not Applicable

21 State, Apt. #, etc. 26 State, Apt. #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip 25 Country 28 Zip 30 Country 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

SCHWARTZ, JILL S
180 PARK AVENUE, NORTH
SUITE 200
WINTER PARK FL 32789

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	1. TITLE ☐ Change ☐ Addition
2. NAME	2. NAME
3. STREET ADDRESS	3. STREET ADDRESS
4. CITY, ST, ZIP	4. CITY, ST, ZIP
5. TITLE	5. TITLE ☐ Change ☐ Addition
6. NAME	6. NAME
7. STREET ADDRESS	7. STREET ADDRESS
8. CITY, ST, ZIP	8. CITY, ST, ZIP
9. TITLE	9. TITLE ☐ Change ☐ Addition
10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS
12. CITY, ST, ZIP	12. CITY, ST, ZIP
13. TITLE	13. TITLE ☐ Change ☐ Addition
14. NAME	14. NAME
15. STREET ADDRESS	15. STREET ADDRESS
16. CITY, ST, ZIP	16. CITY, ST, ZIP
17. TITLE	17. TITLE ☐ Change ☐ Addition
18. NAME	18. NAME
19. STREET ADDRESS	19. STREET ADDRESS
20. CITY, ST, ZIP	20. 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 Sections 119.02(9)(b), Florida Statutes. I further certify that the information included in 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 the 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

2/16/95 (407)647-8911