FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 7:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000014922 (7)**

1. Corporation Name
DAVID M. SCHULTZ, P.A.

Principal Place of Business	Mailing Address
907 N DIXIE HWY W PALM BCH, FL 33401 US effective May 1, 1995	907 N DIXIE HWY W PALM BCH, FL 33401 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/19/1993
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business
21: 322 BANYAN Blvd.
22: Suite, Apt. #, etc.
23: West Palm Beach
24: 33401 25: USA

2a. Mailing Address
26: 322 BANYAN Blvd.
27: Suite, Apt. #, etc.
28: West Palm Beach
29: 33401 30: USA

4. FEI Number: 65-0396552 ☐ 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

SCHULTZ, DAVID M
907 N DIXIE HWY
W PALM BCH, FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 322 BANYAN BLVD.
83
84 City: West Palm Beach FL 85 ZIP (5 digits): 33401

11. Pursuant to the provisions of Section 607.0403 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: David M Schultz DAVID M SCHULTZ 4/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☐ Change ☐ Addition
NAME	SCHULTZ, DAVID M	12 NAME	
STREET ADDRESS	215 NINTH ST	13 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 added by this document with my address.

SIGNATURE: David M Schultz DAVID M SCHULTZ 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date

Daytime Phone Number: PH 5/1/95 407/820-8100

0242489 CP