

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000014922 (7)

1. Corporation Name

DAVID M. SCHULTZ, P.A.



Principal Place of Business

322 BANYAN BLVD.
WEST PALM BCH FL 33401
US

Mailing Address

322 BANYAN BLVD.
WEST PALM BCH FL 33401
US

2. Principal Place of Business

21 1400 CENTRIPARK BLVD

Suite, Apt. #, etc.

22 Ste. 909

23 City & State West Palm Beach, FL

24 Zip 33401

Country USA

2a. Mailing Address

26 215 9th Street

Suite, Apt. #, etc.

27

28 City & State West Palm Beach, FL

29 Zip 33401

30 Country USA

3. Date Incorporated or Qualified

02/19/1993

3a. Date of Last Report

04/27/1995

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
322 BAMUAM BLVD.
WEST PALM BCH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

1400 CENTRIPARK BLVD
Ste. 909

84 City West Palm Beach FL

85 Zip 33401

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 DAVID M SCHULTZ

(Signature, typed or printed name of registered agent and their address)

(NOTE: Registered Agent signature required when reappointing)

DATE

1/16/96

12. OFFICERS AND DIRECTORS

TITLE DPS
NAME SCHULTZ, DAVID M
STREET ADDRESS 215 NINTH ST
CITY- ST- ZIP W PALM BCH. FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

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, trustee, or person 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 of an assignment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/96 407/687-3700

CR2E034 (12/95)