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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Jan 14 1997 8:00am

Secretary of State

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DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400009310 (1)

BERNARD SHINDER CONSULTANTS, INC.

| Principal Place of Business Mailing Address | | | | | | | | | | | | | | |
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| BOCA RATON FL 39439 BOCA RATON FL 39434-837 US | Principal Place of Business Mailing Address | | | | | | ···- | | 1 JAB1/4001 1/6 (UI | HE MANDEL MORTH MASSIC MANS | | | \$111 (1 4 1 | |
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| 22594 MERIDIANA DRIVE BOCA RATON FL 33433 B2 Street Address (P.O. Box Number is Not Acceptable) B3 Street Address (P.O. Box Number is Not Acceptable) B4 City FL B5 Zip Code 11. Pursuant to the provisions of Sockors b07 (56/2 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing list registered agent or troth, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent lam framer with, and accept the obligations of, Section 607 (550, Florida Statutes, State and accept the obligations of, Section 607 (550, Florida Statutes). SIGNATURE 12. OF FICE IIS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITHE D SHINDER, BERNARD 22994 MERIDIANA DRIVE 13. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITHE D SHINDER, BERNARD 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITHE D Change Addition Addition AMA SIRRET ADDRESS CITY ST-2P D CHANGE 22994 MERIDIANA DRIVE 24 (City ST-2P) DELETE 31 TITLE DELE | | | | | | | | | | | | | | |
| BOCA RATON FL 33433 B4 City FL 85 Zip Code | | | | | | | | | | | | | | |
| B3 B4 City | | | | | 82 Street Add | | | dress (P.O. Box Numbe | er is Not Acceptab | ile) | | | | |
| 11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its 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, 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, 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, or both, in the State of Florida. Statutes agent and accept the obligations of Section 870 5056, Florida Statutes. SIGNATURE 12. OFFICE IS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11/12. OFFICE IS AND DIRECTORS 13. TREE ADDRESS STREEL ADDRESS | | | 2 00 100 | | | | 83 | | | | | | | |
| 11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its 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, 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, 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, or both, in the State of Florida. Statutes agent and accept the obligations of Section 870 5056, Florida Statutes. SIGNATURE 12. OFFICE IS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11/12. OFFICE IS AND DIRECTORS 13. TREE ADDRESS STREEL ADDRESS | | | | | | | | City | | | | 96 7in (| Code | |
| 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 agent and accept the obligations of, Section 697.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE DELETE 11. TITLE DELETE 11. TITLE DELETE 12. OFFICERS AND DIRECTORS IN 12 INTE DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE DELETE 14. TITLE DELETE 15. TITLE DELETE 16. TITLE DELETE 17. TITLE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE DELETE 18. TITLE DELETE 18. TITLE DELETE 18. TITLE DELETE 18. TITLE DELETE TITLE DELE | | | | | | | 84 | City | | | FL | 85 Zip (| ode | |
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| 12. | SIGNATURE | | | | | | | | | | | | | |
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| | | eby certify toot fi | he information survi | nlied with th | is filing does not a | | | | ed in Section 119 07(2) | (i) Florida Statuto | s I further | certify that | the | |

trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name