

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000013552 (2)

1. Corporation Name

LAW OFFICE OF JACK L. SCHROLD INCORPORATED



Principal Place of Business

4620 W COMMERCIAL BLVD
SUITE 2
FT LAUDERDALE FL 33319
US

Mailing Address

4620 W COMMERCIAL BLVD
SUITE 2
FT LAUDERDALE FL 33319-3308
US

3. Date Incorporated or Qualified

02/01/1994

3a. Date of Last Report

04/24/1996

4. FEI Number

65-0473335

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

2. Principal Place of Business

21 4600 WEST COMMERCIAL BLVD

Suite, Apt. #, etc.

22 SUITE 6

City & State

23 FT. LAUDERDALE, FL

Zip

24 33319

Country

25 BEOWND

2a. Mailing Address

26 4600 WEST COMMERCIAL BLVD

Suite, Apt. #, etc.

27 SUITE 6

City & State

28 FT. LAUDERDALE, FL

Zip

29 33319

Country

30 BEOWND

9. Name and Address of Current Registered Agent

SCHROLD, JACK L
4620 W COMMERCIAL BLVD
SUITE 2
FT LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

81 Name

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

4600 WEST COMMERCIAL BLVD

83

SUITE 6

84 City

FT. LAUDERDALE

FL

85

Zip Code
33319

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SCHROLD, JACK L
STREET ADDRESS 4620 W COMMERCIAL BLVD SUITE 2
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

4600 WEST COMMERCIAL BLVD SUITE 6

1.3 STREET ADDRESS

FT. LAUDERDALE, FL 33319

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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)