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Feb 05 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 # P94000049831 (8)

1. Corporation Name

LATITUDE ADJUSTMENT INCORPORATED

Principal Place of Business

628 LOCK RD
DEERFIELD BEACH FL 33442

Mailing Address

628 LOCK RD
DEERFIELD BEACH FL 33442-3638



3. Date Incorporated or Qualified

07/05/1994

3a. Date of Last Report

06/25/1996

4. FEI Number

65-0580050

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 4169 SW 85th Ave

Suite, Apt. #, etc.

2a. Mailing Address

26 4169 SW 85th Ave

Suite, Apt. #, etc.

City & State

23 Davie FL

City & State

28 Davie FL

Zip

24 33328

Country

25 USA

Zip

29 33328

Country

30 USA

9. Name and Address of Current Registered Agent

SCHNEIDER, PAM
628 LOCK RD
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name

Pamela Schneider

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

4169 SW 85th Ave

83

84 City

Davie

FL

85 Zip Code

33328

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

Pamela Schneider Pamela Schneider S.V.P.

1/29/97

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 P ☐ DELETE
NAME DAVIS, CARL D
STREET ADDRESS 628 LOCK RD
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE S ☐ DELETE
NAME SCHNEIDER, PAM
STREET ADDRESS 628 LOCK RD
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P ☒ Change ☐ Addition
1.2 NAME DAVIS, CARL D
1.3 STREET ADDRESS 4169 SW 85th Ave
1.4 CITY-ST-ZIP DAVIE, FL 33328

2.1 TITLE S.V.P. ☒ Change ☐ Addition
2.2 NAME PAMELA SCHNEIDER
2.3 STREET ADDRESS 4169 SW 85th Ave
2.4 CITY-ST-ZIP DAVIE FL 33328

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 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: Pamela Schneider Pamela Schneider 01/29/97 (954) 5423-3456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)