

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

FILED

May 12 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000077427 (0)

1. Corporation Name
SCHROLD AND POWELL, P.A.Principal Place of Business
4620 W. COMMERCIAL BLVD.
SUITE 2
FT. LAUDERDALE FL 33319
USMailing Address
4620 W. COMMERCIAL BLVD.
SUITE 2
FT. LAUDERDALE FL 33319-3308
US3. Date Incorporated or Qualified
10/21/19943a. Date of Last Report
05/09/19964. FEI Number
65-0547549Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No2. Principal Place of Business
21 4600 W. Commercial Blvd.
Suite Apt. # etc. 26 Suite Apt. # etc.
22 Suite 6
City & State 27 Suite 6
23 FT LAUDERDALE, FL
City & State 28 Ft. Lauderdale, FL
Zip 29 33319 Country 30 US
24 33319 25 US

9. Name and Address of Current Registered Agent

POWELL, BRANDINE E.
1620 W. COMMERCIAL BLVD
SUITE 2
FT. LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

81 Name Brandine E Powell
82 Street Address (P.O. Box Number is Not Acceptable)
4600 W. 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

Brandine E Powell

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHROLD, JACK	
STREET ADDRESS	4620 W. COMMERCIAL BLVD, SUITE 2	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POWELL, BRANDINE	
STREET ADDRESS	4620 W. COMMERCIAL BLVD, SUITE 2	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	4600 W. Commercial Blvd, Ste 6
1.3 STREET ADDRESS	Ft. Lauderdale, FL 33319
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	4600 W. Commercial Blvd, Ste 6
2.3 STREET ADDRESS	Ft. Lauderdale, FL 33319
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kenny Kuhl
3.3 STREET ADDRESS	4600 W. Commercial, Ste 6
3.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33319
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Brandine E Powell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 15, 1997

Date

Daytime Phone #

954 735-0095

CR2E034 (9/96)