**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500005962

1. Corporation Name

GRACE SCHENKER, P.A.

									B  XB  XB
Principal Place	e of Business	Mailing Address	<b>)</b> .						
740 S. FEDERAL HIGHWAY 740 S. FEDERA									
APARTMENT 407		APARTMENT 407 POMPANO BEACH FL 33062			DO NOT WRITE IN THIS SPACE				
POMPANO BEACH FL 33062 POMPANO BE			n rt 33002			3. Date Incorporated or Qualife			
						01/19/1995			
2. Principal Pl	lace of Business	2a. Mailing Add	ess	-		4. FEI Number		Ap	plied For
21		26				65-0552508		· No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.			5. Certifcate of Status Desired		\$8.75	Additional
22		27				5. Certificate of Status Besiled		Fee Re	quired
City & State	<u>.</u>	City & State				6. Election Campaign Financing		\$5.00	•
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip		untry		8. This corporation owes the cu	rrent year in		□No
24	25	29	30	1		Personal Property Tax.  10. Name and Address of New	Pagietored	Yes	
	9. Name and Address of Cui	rent Registered Agent		81	Name	to. Name and Address of New	registered	Agont	_
SWA	NRT, HARRY J								
	EAST OAK STREET	'		82	Street Add	dress (P.O. Box Number is Not Accep	table)		
	SIMMEE FL 34744			83					-
				84	City		FI	85 Zip (	Code
11 Pursuant	to the provisions of Sections 607	0502 and 607 1508. Flori	ida Statutes, the a	bove	-named cor	poration submits this statement for th	e purpose of	changing its	registered
office or r	egistered agent, or both, in the St	ate of Florida. Such char	ide was authorized	a bv	the corporat	ion's board of directors. I hereby acc	ept the appo	ntment as re	gistered
	m familiar with, and accept the ob	ligations of, Section 607.	0505, Fiorida Stat	tutes.	•				
SIGNATURE	Signature, typed or printed name of registered	agent and title if apolicable.	(NOTE: Registered	d Agen	nt signature requir	red when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO C	FFICERS AI	1D DIRECTO	
TITLE	D		ELETE 1.1 T	TLE	•	?, S		Change	Addition A
NAME	SCHENKER, GRACE		1.2 N	IAME	'	•			
STREET ADDRESS	740 S. FEDERAL HIGHWAY	, APT. 407	1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 3306	2	1.4 C	ITY-SI	T-ZIP				
TITLE			ELETE 2.1 To	πE					
NAME								☐ Change	Addition Addition
STREET ADDRESS	,		2.2 N					☐ Change	Addition
CITY-ST-ZIP	· ·		1	IAME	T ADDRESS			∐ Change	
TITLE .			2.3 \$	IAME					
			2.3 \$	IAME TREET CITY-S			مسيح ،	☐ Change	Addition
NAME			2.3 S 2.4 C	IAME STREET CITY-S TILE			·		
			2.3 \$ 2.4 C DELETE 3.1 TI 3.2 N	IAME STREET CITY-S TTLE IAME					
NAME			2.3 S 2.4 C DELETE 3.1 TI 3.2 N 3.3 S 3.4 C	IAME STREET CITY-S TTLE IAME	T ADDRESS			☐ Change	☐ Addition
NAME STREET ADORESS			23 S 2.4 C PELETE 3.1 TI 3.2 N 3.3 S	IAME TREET CITY-S TILE IAME STREET	T ADDRESS				
NAME STREET ADORESS CITY-ST-ZIP	4		2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C DELETE 4.1 T	IAME TREET CITY-S TILE IAME STREET	T ADDRESS			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	4		2.3 S 2.4 C 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C DELETE 4.1 T 4.2 N	IAME STREET CITY-S TILE STREET CITY-S TILE TILE TILE TILE TILE TILE	T ADDRESS			☐ Change	☐ Addition
NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	†		2.3 S 2.4 C 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 2.4 C 4.1 T 4.2 N 4.3 S	IAME STREET CITY-S TILE STREET CITY-S TILE TILE TILE TILE TILE TILE	T ADDRESS ST-ZIP		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	,	·	2.3 S 2.4 C 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C DELETE 4.1 T 4.2 N 4.3 S 4.4 C DELETE 5.1 T	TREET CITY-S TILE CITY-S TILE NAME CITY-S TILE CITY-S TILE CITY-S TILE	T ADDRESS ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	·	2.3 S 2.4 C 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C DELETE 4.1 T 4.2 N 4.3 S 4.4 C DELETE 5.1 T	TREET CITY-S TILE STREET CITY-S TILE NAME STREET	T ADDRESS ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	,	·	23S 2.4C 3.1 T 3.2 N 3.3 S 3.4.C DELETE 4.1 T 4.2 N 4.3 S 4.4 C DELETE 5.1 T 5.2 N	TREET TITLE TAME TREET TAME TREET TITLE TAME TREET TITLE TREET TITLE TAME TITLE TAME TITLE TAME	T ADDRESS ST-ZIP		*	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	· · · · · · · · · · · · · · · · · · ·	·	23S 2.40 2.40 3.1T 3.2N 3.3S 3.4.0 DELETE 4.1T 4.2N 4.3S 4.4C DELETE 5.1T 5.2N 5.3S 5.4C	TAME TREET TOTY-S TITLE TREET TREET TREET TITLE TREET TITLE TREET	I ADDRESS IT ADDRESS IT ADDRESS IT ADDRESS IT ADDRESS IT ADDRESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	,		2.3 S 2.4 C 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 2.1 C 4.1 T 4.2 N 4.3 S 4.4 C 2.1 C 2.2 N 5.3 S	TAME TREET TOTY-S TITLE TREET TREET TREET TITLE TREET TITLE TREET	I ADDRESS IT ADDRESS IT ADDRESS IT ADDRESS IT ADDRESS IT ADDRESS			☐ Change	Addition

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90095 043 \*\*\*150.00