

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000051789 (2)

1. Corporation Name

STEVEN C. SCHEINFELDT, P.A.

Principal Place of Business

300 S.W. 130TH TERRACE  
SUITE B-406  
PEMBROKE PINES FL 33027

Mailing Address

300 S.W. 130TH TERRACE  
SUITE B-406  
PEMBROKE PINES FL 33027



3. Date Incorporated or Qualified  
07/05/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

21 4801 S. University Dr.

Suite, Apt. #, etc.

22 (Suite) 205

City & State

23 Davie, Florida

Zip

24 33328

Country

25 USA

2a. Mailing Address

26 4801 S. University Dr.

Suite, Apt. #, etc.

27 Suite 205

City & State

28 Davie, Florida

Zip

29 33328

Country

30 USA

4. FEI Number

65-0591590

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCHEINFELDT, STEVEN C  
300 S.W. 130TH TERRACE  
SUITE B-406  
PEMBROKE PINES FL 33027

10. Name and Address of New Registered Agent

81 Name

82 Steven C. Scheinfeldt

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

84 4801 S. University Dr., Suite 258

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 Steven C. Scheinfeldt, Steven C. Scheinfeldt

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

(NOTE: Registered Agent's signature required when reinstating)

4-21-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSD  
SCHEINFELDT, STEVEN C  
STREET ADDRESS 300 S.W. 130TH TERRACE SUITE B-406  
CITY-ST-ZIP PEMBROKE PINES FL 33027

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

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

1.3 STREET ADDRESS

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Steven C. Scheinfeldt, Steven C. Scheinfeldt, President, 4-21-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (12/95)