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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000051789 (2)**

1. Corporation Name
~~STEVEN C. SCHEINFELDT, P.A.~~
SCHEINFELDT & KATZ, P.A. N/C 12/16/96

[redacted]

Principal Place of Business	Mailing Address
4801 S. UNIVERSITY DRIVE 205 DAVIE FL 33328 US	4801 S. UNIVERSITY DRIVE 205 DAVIE FL 33328-3835 US

3. Date Incorporated or Qualified: 07/05/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 4801 S. University Dr.
22 Suite, Apt. #, etc.: Suite 229
23 City & State: DAVIE, FL.
24 Zip: 33328
25 Country: USA

2a. Mailing Address
26: 4801 S. University Dr.
27 Suite, Apt. #, etc.: Suite 229
28 City & State: DAVIE, FL.
29 Zip: 33328
30 Country: US

4. FEI Number: 65-0591590 ☐ 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

9. Name and Address of Current Registered Agent

SCHEINFELDT, STEVEN C
4801 S. UNIVERSITY DRIVE, SUITE 258
SUITE B-406
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name: SCHEINFELDT, STEVEN C
82 Street Address (P.O. Box Number Is Not Acceptable): 4801 S. University Dr. Suite 229
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: Steven C. Scheinfeldt 4-18-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD SCHEINFELDT, STEVEN C 300 S.W. 130TH TERRACE SUITE B-406 PEMBROKE PINES FL 33027	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/Director KATZ, DANIEL SCOTT 80 BERMUDA LAKE DR. PALM BEACH GARDENS, FL. 33418	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 4/29/97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 100002161441 -05/01/97--~~00000~~--001 ***165.00 01026

CR2E034 (9/96)

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: Steven C. Scheinfeldt 4-18-97 (954) 434-3410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #