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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000051789 (2)

STEVEN C. SCHEINFELDT, P.A.

FILED Apr 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4801 S. UNIVERSITY DRIVE 4801 S. UNIVERSITY DRIVE					
SUITE 300 DAVIE FL 33328 US		SUITE 300 Davie FL 33328 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
9 Principal Di	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Philopairie	JOB OF BUSINESS	26. (Mailing Add/1838		65-0591590	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes 🗌 No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
SCH	HEINFELDT, STEVEN C		81 Name		
4801 \$. UNIVERSITY DRIVE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
SUITE 300					
DAV	/IE FL 33328		63		
			84 City		- 85 Zip Code
			' '		-L ⁻⁻} '
SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Storature typed or punited came of registered age.		uthorized by the corpor rida Statutes. Registered Agent signature red	orporation submits this statement for the purpos ation's board of directors. I hereby accept the	
12,	OFFICERS AND		1 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PSD	DELETE	1.1 TITLE		Change Addition
NAME	SCHEINFELDT, STEVEN C		1.2 NAME		
STREET ADDRESS	300 S.W. 130TH TERRACE SI	UITE B-406	1.3 STREET ADDRESS	250 4480 Dogwood Circle	
CITY-ST-ZIP	PEMBROKE PINES FL 33027		1.4 CITY - S1 - ZIP	Weston, FL. 33331	
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		~
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 11TLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZiP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - S1 - ZIP	l .	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
44 hereby c	artifu that the information supplied w	ith this filing does not qualify for	r the exemption stated	in Section 119.07(3)(i). Florida Statutes, I furthe	er certify that the information

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. Further certify that the information indicated on this annual report or suppliemental 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 of 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 changing or on an attachment with an address.

4-15-98