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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000002339 (5)

1. Corporation Name:
LENORE SCHILLER, P.A.



Principal Place of Business: SUITE 1130, 500 EAST BROWARD BOULEVARD
BROWARD FINANCIAL CENTRE
FORT LAUDERDALE FL 33394

Mailing Address: SUITE 1130, 500 EAST BROWARD BOULEVARD
BROWARD FINANCIAL CENTRE
FORT LAUDERDALE FL 33394-3002

3. Date Incorporated or Qualified: 01/01/1996
3a. Date of Last Report: FIRST REPORT

4. FEI Number: 65-0637897
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

SCHILLER, LENORE
SUITE 1130, 500 EAST BROWARD BOULEVARD
BROWARD FINANCIAL CENTRE
FORT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 FL 85 Zip Code

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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE: D NAME: SCHILLER, LENORE STREET ADDRESS: SUITE 1130, 500 EAST BROWARD BOULEVARD CITY - ST - ZIP: FORT LAUDERDALE FL 33394

TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY - ST - ZIP:

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: ☐ Change ☐ Addition 12 NAME: 13 STREET ADDRESS: 14 CITY - ST - ZIP:

21 TITLE: ☐ Change ☐ Addition 22 NAME: 23 STREET ADDRESS: 24 CITY - ST - ZIP:

31 TITLE: ☐ Change ☐ Addition 32 NAME: 33 STREET ADDRESS: 34 CITY - ST - ZIP:

41 TITLE: ☐ Change ☐ Addition 42 NAME: 43 STREET ADDRESS: 44 CITY - ST - ZIP:

51 TITLE: ☐ Change ☐ Addition 52 NAME: 53 STREET ADDRESS: 54 CITY - ST - ZIP:

61 TITLE: ☐ Change ☐ Addition 62 NAME: 63 STREET ADDRESS: 64 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: Lenore Schiller LENORE SCHILLER 20 JAN 97 954 764 7060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)