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

PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P960
1. Corporation Name
SEYMOUR SHINDER CPA P.A P96000009626 (8)

FILED Feb 13 1998 8:00am Secretary of State

1/20/98

SETIMO	on Shinden, Cra, F.A.						
Principal Place	e of Business	Mailing Address			{) 10110 01110 IF	AN AN INI
2148 N.W. 627		2148 N.W. 62ND DRIVE					
BOCA RATON		BOCA RATON FL 33496					
US		US			DO NOT WRITE IN THIS S	SPACE	
					3. Date Incorporated or Qualified 01/30/1996		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			65-0651084	N/	ot Applicable
Suite, Apt	#, atc	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
City & State		City & State					equired
23	,	28			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Z(p)	Countr	у	8. This corporation owes or has paid the our		
24	25	29	30	•		Yes [No
	9, Name and Address of Curren	t Registered Agent			10. Name and Address of New Rechifered	Agent	
SHI	NDER, SEYMOUR		81	Name			
	8 N.W. 52ND ST.		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	8 N.W. 62ND DRIVE			1			
BO	CA RATON FL 33496		83	1			
			84	City	FL	85 Zip	Code
11. Pursuant I	o the provisions of Sections 607 Q50	2 and 607 1508, Flor a Statute	s, the abov	e-named corp		changing i	its registered
office or re agent. Lar	ogistered agent, or both, in the SMe in familiar with, and accept the while	of Florida. Such chynge was a itions of, Section 607 0705, Flo	uthorized b gda Statute	ly the corporaties.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	ointment as	registered
SIGNATURE	1/6.1	John Shund	_		1/10/1	96	
	Stip-ative, typed or select name of up the Lag			jent signature requir	rod when reinstating) DATE		
12.	OFI,KJERSAMI	/ ·	13.		ADDITIONS/CHANGES TO OFFICERS AND	_	
TITLE NAME	SHINOER, SEYMOUR	, M DELETE	1 1 TIFLE 1 2 NAME			L Change	Addition
STREET ADDRESS	2148 N.W. 62ND DRIVE			T ADDRESS			
CITY-SF-ZIP	BOCA RATON FL		1.4 CiTY-				
TITLE	-3	DELETE	2 1 TITLE	31-211		Change	Addition
NAME	SHINDER, ADELE		2.2 NAME				
STREET ADDRESS	2148 N.W. 62ND DRIVE		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TIFLE			Change	☐ Addition
NAME			3.2 NAME				
\$TREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP		T per eve	3.4 CITY	ST · ZIP	<u> </u>	T 01	To Address
TITLE		L] DELETE	4.1 TITLE			Change	☐ Addition
NAME	í		4. 2 NAME	!			
STREET ADDRESS	•			T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE	51-ZIP		Change	Addition
NAME		bitten	5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY -				
TITLE		DELETE	6 1 TITLE	~, &"	·	☐ Change	Addition
NAME			6.2 NAME			-	•
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
14. I hereby c	ertify that the information supplied wi	th this filing does not qualify for	t the exemi	ntion stated in	Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the	information
officer or o Block 12 o	on mis annual report or supplementa director of the corporation or the rece or Block 13 if changed, or on an attac	icangual report is true and accu- avortor trustee empowered to e atypent with an address./	urate and the execute this	report as requ	ore shall have the same legal effect as if made un- uired by Chapter 607, Florida Statutes; and that n	ier bath; th iy name ap	pears in