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FILED

May 30 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 # P96000010711 (5)

1. Corporation Name

MUSKAT, ODESSKY, MILLER & SCHUH, P.A.



Principal Place of Business

16855 N.E. 2ND AVE.
SUITE 305
NORTH MIAMI BEACH FL 33162

Mailing Address

16855 N.E. 2ND AVE.
SUITE 305
NORTH MIAMI BEACH FL 33162-1783

3. Date Incorporated or Qualified

02/02/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 16855 N.E. 2 AVE.

2a. Mailing Address

26 16855 N.E. 2 AVE.

4. FEI Number

65 0658920

Applied For

Not Applicable

Suite, Apt #, etc.

22 SUITE 305

Suite, Apt #, etc.

27 SUITE 305

5. Certificate of Status Desired

☒ X

\$8.75 Additional
Fee Required

City & State

23 NO. MIAMI BEACH, FL

City & State

28 NO. MIAMI BEACH, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33162

Country

25 DADE

Zip

29 33162

Country

30 DADE

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

9. Name and Address of Current Registered Agent

MILLER, ROBERT B
16855 N.E. 2ND AVE.
SUITE 305
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

ROBERT B. MILLER

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

1400 N.E. MIAMI GARDENS DR.

83

SUITE 216

84 City

NO. MIAMI BEACH

FL

85

33179

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ODESSKY, NEIL
STREET ADDRESS 16855 N.E. 2ND AVE.
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE V ☐ DELETE

NAME MUSKAT, ARNIE
STREET ADDRESS 16855 N.E. 2ND AVE.
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE ST ☐ DELETE

NAME MILLER, ROBERT
STREET ADDRESS 16855 N.E. 2ND AVE.
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

ROBERT B. MILLER
1400 N.E. MIAMI GARDENS DR.
SUITE 305

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

NO. MIAMI BEACH, FL 33179

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil Odessky 5-27-97. (305) 653-6666

CR2E034 (9/96)