1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600020313

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90112 010 ***150.00

1. Corporation Name														
THEODORE T. SHURTZ, INC.														
									<u> </u>					
Principal Place of Business Mailing Address										# # # # # # # # # # # #	UI) \$818	11 1	 	
12338 SW 131 AVE 12338 SW 131 AVE														
MIAMI FL 33186 MIAMI FL 33186														
									DO NOT WRITE IN THIS SPACE					
									3. Date Incorporated or Qualifed				J	
						03/04/1996			T .					
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		-		ied For	
21				26					65-0653055		~~- =		Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			ron Ad e Requ	ditional	
22				27								<u>_</u>		
City & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
23			Zip Country						Trust Fund Contribution		_	ueu io	rees	
Zip	Country			. ' —			and y		 This corporation owes the curre Personal Property Tax. 	nt year inta	Yes	Г	∃No	
24	25 29 9. Name and Address of Current Registered Agent			arad Agont	30				10. Name and Address of New Ro	aistered A				
9. Name and Address of Current Registered Agent							Name		10. Haire dita Address of the	9.000.	-3			
RIEG	LER, JAMES					81								
12651 S DIXIE HWY STE 209						82 Street Addr			ss (P.O. Box Number is Not Acceptat	ole)				
MIAMI FL 33156-5975					83									
,,,_														
į						84	City			FL	85	Zip Co	ode	
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized to the contract of the state of Florida.									ration subgrite this statement for the		hangir	n its re	egistered	
11. Pursuant office or re	to the provisions of Sec egistered agent, or both	in the State of F	a. Such change was a	the corpora	tion	n's board of directors. I hereby accept	the appoin	tment	as regi	stered				
agent. I a	m familiar with, and acc	ept the obligation:	s of,	Section 607.0505, Flo	rida Stati	utes.								
SIGNATURE			450 - 1F	" this (NOTE	Registered	Acont	t signature requi	irad v	udan reinstating)	DATE			 -	
Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS					: Registered Agent signature require 13.				ADDITIONS/CHANGES TO OFF		DIRE	CTOR	S IN 12	
12.	PD	THOEIRO FIRE D		☐ DELETE	1,1 Tr	TLE			7,0011101010101111101010111111111111111		Cha		Addition	
NAME	HERTZBACH, DAVI	ח			1.2 NA	ME.								
STREET ADDRESS	12338 SW 131 AVE					1.3 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL 33186			1.4 CITY-ST-ZIP										
TITLE	SD			☐ DELETE	2.1 TI						Cha	ange	Addition	
NAME	HERTZBACH, DEBO	ORAH			2.2 N/									
STREET ADDRESS						2.3 STREET ADDRESS			للتكليب والمستورين والمسراما والمستبيل					
CITY-ST-ZIP	MIAMI FL 33186					2.4 CITY-ST-ZIP							1	
TITLE				☐ DELETE	3.1 TI						Cha	inge	Addition	
NAME				<i>i</i>	3.2 N	ME							}	
STREET ADDRESS				•			ADDRESS							
CITY-ST-ZIP					3.4. C		1							
TITLE	<u></u>			☐ DELETE	4.1 TI		· 				Chi	ange	Addition	
NAME					4. 2 N									
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP						TY-51							1	
TITLE				☐ DELETE	5.1 TI					177	Cha	ange	Addition	
NAME				**	5.2 N									
STREET ADDRESS							ADDRESS						ļ	
CITY-ST-ZIP					5.4 CI								1	
TITLE				☐ DELETE	6.1 TI				· · · · · · · · · · · · · · · · · · ·	•	Chi	ange	Addition	
NAME					6.2 N	AME								
1							ADDRESS							
STREET ADDRESS					240									

14. I 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 of supplemental annual report strue 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 truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changely, or of an attachment vitty and dress, with all other like empowered.

SIGNATURE

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylime Phone #

CRZE034 (11/90