

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90054 047 ***150.00

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DOCUMENT # P96000033171

1. Corporation Name
GARRY B. SCHWARTZ, P.A.

Principal Place of Business
201 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES FL 33134-5169

Mailing Address
201 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES FL 33134-5169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1996

4. FEI Number

65-0661805

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1221 BRICKELL AVENUE

Suite, Apt. #, etc.

22 Suite 900

City & State

23 Miami FL

Zip

24 33131

Country

25 DADE

2a. Mailing Address

26 7540 S.W. 175 STREET

Suite, Apt. #, etc.

27

City & State

28 Miami FL

Zip

29 33157

Country

30 DADE

9. Name and Address of Current Registered Agent

SCHWARTZ, GARRY B
201 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

1221 BRICKELL AVENUE

83

Suite 900

84 City

Miami

FL

85 Zip Code

33131

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.

GARRY B. SCHWARTZ

(NOTE: Registered Agent signature required when reinstating)

4-13-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME SCHWARTZ, GARRY B
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 801
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

GARRY B. SCHWARTZ PRES

4-13-99

Date

305 347 5106

Daytime Phone #

CR2E034 (1/98)