

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000037316 (2)

1. Corporation Name

HARVEY J. SPINOWITZ, P.A.

Principal Place of Business

1455 COURT STREET
CLEARWATER FL 34616

Mailing Address

1455 COURT STREET
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1421 Court Street	26 1421 Court Street
22 Suite, Apt. #, etc. Suite C	27 Suite, Apt. #, etc. Suite C
23 City & State Clearwater, Florida	28 City & State Clearwater, Florida
24 Zip 33756	29 Zip 33756
25 Country U.S.A.	30 Country U.S.A.

3. Date Incorporated or Qualified

04/25/1996

4. FEI Number

59-3383523

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SPINOWITZ, HARVEY J
1455 COURT STREET
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name Spinowitz, Harvey J.
82 Street Address (P.O. Box Number is Not Acceptable)
1421 Court Street
83 Suite C
84 City Clearwater

FL

85 Zip Code

33756

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

Harvey J. Spinowitz

4/27/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINOWITZ, HARVEY J	1.2 NAME	P, D SPINOWITZ, HARVEY J.
STREET ADDRESS	1455 COURT STREET	1.3 STREET ADDRESS	1421 COURT STREET, SUITE C
CITY-ST-ZIP	CLEARWATER FL 34616	1.4 CITY-ST-ZIP	CLEARWATER, FLORIDA 33756
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	JUBEN, JULIE BETH
STREET ADDRESS		2.3 STREET ADDRESS	1421 COURT STREET, SUITE C
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CLEARWATER, FLORIDA 33756
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 as an attachment with an address.

SIGNATURE:

Harvey J. Spinowitz

(813) 449-
992-8

CR2E034 (10/97)