

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

FILED  
Apr 09 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P96000044022 (7)

1. Corporation Name

MICHAEL A. SCHWARTZ, C.P.A., P.A.

Principal Place of Business

600 NORTH SHORE DRIVE  
#515  
MIAMI FL 33141  
US

Mailing Address

600 NORTH SHORE DRIVE  
#515  
MIAMI FL 33141  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1996

4. FEI Number

65-0671274

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

HELLER & BARNETT CORPORATE SERVICES  
1214 N. UNIVERSITY DRIVE  
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name

MICHAEL A SCHWARTZ CPA

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

2435 Hollywood Blvd STE 204

83

84 City

Hollywood

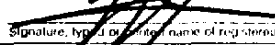
FL

85 Zip Code

33020

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



MICHAEL A SCHWARTZ CPA

4/5/98

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 ☐ DELETE

NAME D  
STREET ADDRESS SCHWARTZ, MICHAEL  
CITY-ST-ZIP 600 NORTH SHORE DRIVE  
MIAMI FL

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

PRESIDENT

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

MIAMI BEACH FL 33141

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

VICE PRESIDENT

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

RISA F. SCHWARTZ

600 N. SHORE DR

MIAMI BEACH FL 33141

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

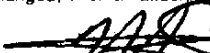
6.2 NAME

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 of 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:



MICHAEL A. SCHWARTZ

4/5/98

(954) 922-5885

CR2E034 (10/97)