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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000049166 (7)

JOHNSON & SCHWARTZ, P.A.

FILED Jun 03 1997 8:00am Secretary of State



Principal Plac 4699 8.W. 72N MIAMI FL 3315	D AVENUE		Mailing Address 4699 S.W. 72ND AVENUE MIAMI FL 33155-4540				
					3. Date Incorporated or Qualified 06/06/1996	3a. Date of Last Report	
2. Principal Place of Business 2a. Mailing A			ddress		4) El Number 65 06 25 75	Applied For Not Applicable	
22 27		Suite, Apt. #, et			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	28			• • • • • • • • • • • • • • • • • • • •	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip Country 29 30		8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No 10. Name and Address of New Registered Agent			
SCH	IWARTZ, KENNETH	in riogistorio Agont	8	1 Name	TO, Name and Address of New A	agistered Agent	
4699 S.W. 72ND AVENUE MIAMI FL 33155				2 Street Ade	4 Address (P.O. Box Number is Not Acceptable)		
			8	3			
			8	4 City		FL 85 Zip Code	
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida o of Florida. Such change	Statutes, the abo was authorized	ve-riamed co by the corpor	rporation submits this statement for the ation's board of directors. I hereby acce	nutions of changing its registered	
1	m familiar with, and accept the oblig	ations of, Section 607.05	05, Florida Statut	es.	· · · · · · · · · · · · · · · · · · ·	private approximate as registered.	
SIGNATURE	Signature, typed or printed hand of registered ag	ent and title if applicable	(NOTE Registerco A	gent signature req	uncd when reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
TITLE NAME	D SCHWARTZ, PAUL M	☐ DELE)			Change Addition	
STREET ADDRESS	4699 S.W. 72ND AVENUE		1.2 NAM			20	
CITY-ST-ZIP	MIAMI FL 33155		1.3 SIN	ET ADDRESS		ا ا	
TITLE		DELE:			0	Change Landition	
NAME			- Z Z NAMI		C. Robert Johnson 5458 Your Clare Ad 300a Laren FC 884	19	
STHEET ADDRESS			2 3 STHE	1 ADDRESS	5458 FOUN CEATER THO	and	
CITY-ST-ZIP			2 4 CITY	-ST-7IP 💆	30ca Rather FC 888		
TITLE NAME		DELET				Change Addition	
STREET ADDRESS			3.2 NAM!				
CITY-ST-ZIP			1	1 ADDRESS			
TITLE		☐ DELET	3.4 CITY E 4.1 TILLE	. 51 - 211		Change Addition	
NAME			4. 2 NAM	:			
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			4.4 CITY-	1		,	
TITLE		DELE1	E 5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	1 ADDRESS			
CITY-ST-ZIP			5.4 C/TY-	S1 - ZiP			
TITLE		☐ DELET	E 6.1 141 LE			Change Addition	
NAME			6.2 NAME			_	
STREET ADDRESS			6.3 STREE	1 ADDRESS		, i	
CITY-ST-ZIP		4 11 4 17	6.4 CITY -	\$1-ZIP			

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 eath; 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 so an attachment with an address.