SECONO NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P96000050261 (2) LAW OFFICES OF KENNETH B. SCHURR, P.A.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JUL 28 PM 2: 56

	•						
Principal Place of Business Mailing Address					TO THE PROPERTY OF THE PROPERT	ann agstr árni karia 1161	o onel sini iant
3226 PONCE DE LEON BLVD. 3226 PONCE DE LEON BLVD.							
CORAL GABLE	ES FL 33134	CORAL GABLES FL 331	134		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		ot Bonost
					06/12/1996	Sa. Date of Las	st neport
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	, , _	Applied For
21		26			65-06857	<u></u>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional	
22		27					Required
City & State		City & State	<u></u> —⊶, ′		6. Election Campaign Financing \$5.00 May Be		
Zip Country		Zip Country		Trust Fund Contribution			
_ `	Country	 	30	uy	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	25 29 30 30 9, Name and Address of Current Registered Agent		[30]		10. Name and Address of New Registered Agent		
80	HURR, RICHARD A			Name C			*
	26 PONCE DE LEON BLVD.		_		CHURR, KENA		5.
	RAL GABLES FL 33134		8	Street Add	tress (P.O. Box Number is Not Accepte	N ₀)	01.1
, 00	TONE CANDLES PE 30104			13	of the land	IC LEWI	Blva.
•			[8	City C	ORAL fables	FL 85 1	Cip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the abo	ove-named cor	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changin	g its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Fiorida. Such change was ations of, Section 607.0505, I	s autnorized Florida Statu	by the corpora tes.	ation's board of directors. I hereby acce	pt the appointment	as registered
SIGNATURE	7 5		Pres	4		7-14-97	
				Agent signature requ	uired when reinstating)	DATE	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFF		
TATLE	OCULIDO DICUADO A	DELETE	1.1 TITE	•	, 6 S, 7, D	Z Chan	ge 🔲 Addition
NAME	SCHURR, RICHARD A 3226 PONCE DE LEON BLVD	•	1.2 NAM		Kenneth B. Schv.	N as I	3
STREET ADDRESS	CORAL GABLES FL 33134	•	1.3 STREET		Kenneth B. Schu. 3226 Pance De Lea	n_ 13/14.	}
CITY-ST-ZIP	337			-ST-ZIP	CORAL Gables,	C/ 371	74
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NAME			2.2 NAN		2000021	၁၄၁၁ရရ	G
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CITY-ST-ZIP			2.4 CITY-ST-ZIP		****16	15.00 ****	165-00
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STREET ADDRESS				EET ADDRESS			1
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CIT	Y-ST-ZIP		Chan	ge Addition
NAME			4.1 IIIL			C \$1801	
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STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		☐ DELETÉ	4.4 CHY 5.1 TITL	-ST-ZIP		100	ge Addition
NAME		السا مدددال	5.1 ML			uŋ	8- File Samurida
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STREET ADDRESS CITY-ST-ZIP				EET ADDRESS			
TITLE		DELETE	6.1 TITL	'-ST-ZIP		Chan	ge Addition
NAME		Last Occub	6.7 MAM	ľ		\$100m	
STREET ADDRESS				ET ADDRESS			ļ
OLLAND STREET WATER				CT ADDUCTOD	4	100	

14. 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 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, 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. 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. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that

. Law Offices Of

Kenneth B. Schurr, P.A.

Attorney At Law 3226 Ponce De Leon Boulevard Coral Gables, Florida 33134 Telephone (305) 441-9030 Telecopier (305) 446-6362

Valerie R. Manno, R.N., J.D. Kenneth B. Schurr

July 14, 1997

Florida Dep't of State Division of State P.O. Box 6327 Tallahassee Jorida 32314

Re: Annual Report for Law Offices of Kenneth B. Schurr, P.A.

Dear Sir Or Madam:

Please note that I received a 1997 Profit Corporation Annual Report packet. The packet indicates that it is a Second Notice. However, a first notice was never received. Accordingly, I contacted the Dep't of State, Division of Corporation and advised a Supervisor that the first notice was never received. The Supervisor then advised me to forward the initial filing fee of \$165 with the report.

Please note that the above named corporation shares office space with another Florida Corporation which failed to receive a first notice of annual report. Further, the ink or toner on the mailing address was somewhat smudged on the secong notice. It may be possible that the first notice was mis-delivered by the postal service for the same reason.

If you have any questions, please don't hesitate to contact me.

Very truly yours.

Kenneth B. Schurr, Esa.