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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000072316 (8)

MICHAEL E. SCHWARTZ, O.D., P.A.

Principal Place of Business Mailing Address 1004 S OLD DIXIE HGWY 460 KELSEY PARK DRIVE PALM BEACH GARDENS FL 33410 SUITE 202 DO NOT WRITE IN THIS SPACE JUPITER FL 33458 3. Date Incorporated or Qualified 08/29/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 6171 Wood Lake Rd. 65-0691566 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Ja PIER Trust Fund Contribution Γ Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 33458 Yes 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SCHWARTZ, MICHAEL E 460 KELSEY PARK DRIVE Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33410 83 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change TITLE 11 TITLE SCHWARTZ, MICHAEL E NAME 1.2 NAME 460 KELSEY PARK DR. STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDEBS FK 33410 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SCHWARTZ, MICHAEL E NAME 2.2 NAME **460 KELSEY PARK DRIVE** STREET ADDRESS 2.3 STREET ADDRESS PALM BEACH GARDENS FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE ___ Addition

6.4 CITY - ST - ZIP 14. Thereby 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.

4. 2 NAME

5.1 TITLE

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SIGNATURE:

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Feb 03 1998 8:00am

Secretary of State