

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

PROFIT.
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90167 029 ***150.00

DOCUMENT # P97000032695

1. Corporation Name

THE LAW OFFICE OF ROBERT M. SCHIMMEL, P.A.

Principal Place of Business

10021 PINES BOULEVARD
SUITE 210
PEMBROKE PINES FL 33024

Mailing Address

10021 PINES BOULEVARD
SUITE 210
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1997

4. FEI Number

65-0306155

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1251 SW 134th Way

2a. Mailing Address

26 P.O. Box 260250

Suite, Apt. #, etc.

22 #406

Suite, Apt. #, etc.

27

City & State

23 Pembroke Pines, FL

City & State

28 Pembroke Pines, FL

Zip

24 33027

Country

25 USA

Zip

29 33026

Country

30 USA

9. Name and Address of Current Registered Agent

SCHIMMEL, ROBERT M
10021 PINES BOULEVARD
SUITE 210
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name Robert M. Schimmel
82 Street Address (P.O. Box Number is Not Acceptable)
1251 SW 134th Way,
83 Unit # 406
84 City Pembroke Pines FL 85 Zip Code 33027

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

Robert M. Schimmel

April 28, 1999

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 D ☐ DELETE
NAME SCHIMMEL, ROBERT M
STREET ADDRESS 1251 S.W. 134TH WAY #406
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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, on an attachment with an address with all other like empowered.

SIGNATURE:

Robert M. Schimmel

April 28, 1999

(954) 450-1433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0144807