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FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000050168 (8)

1. Corporation Name

SCHAFFER MANAGEMENT COMPANY

Principal Place of Business

14278-14286 BISCAYNE BLVD.  
NORTH MIAMI BEACH FL 33181

Mailing Address

14278-14286 BISCAYNE BLVD.  
NORTH MIAMI BEACH FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1997

4. FEI Number

☒ 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

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ASCHENBRENNER, RICHARD W  
2200 SOUTH DADELAND BLVD.  
SUITE 402  
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

JOEL SCHAFFER

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

936 NE 27 AVENUE

83

84 City

HALLANDALE

FL

85

Zip Code  
33009

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

Joel Schaffer (JOEL SCHAFFER)

2/11/98

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  
JOEL D. SCHAFFER  
STREET ADDRESS  
936 NE 27 AVENUE  
CITY-ST-ZIP  
HALLANDALE FL 33009

TITLE ☐ DELETE

NAME  
SYLVIA SCHAFFER  
STREET ADDRESS  
936 NE 27 AVENUE  
CITY-ST-ZIP  
HALLANDALE FL 33009

TITLE ☐ DELETE

NAME  
AMY SCHAFFER  
STREET ADDRESS  
936 NE 27 AVENUE  
CITY-ST-ZIP  
HALLANDALE FL 33009

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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, or on an attachment with an address.

SIGNATURE

Sylvia Schaffer (SYLVIA SCHAFFER)

1/19/98

305  
4112-9200

CR2E034 (10/97)