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May 17, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000054673

1. Corporation Name

LAW OFFICES OF MARTIN SCHWARTZ IMMIGRATION AND CIVIL LAW, P.A.

Principal Place of Business

Mailing Address

3434 W. COLUMBUS DR., SUITE 202
TAMPA FL 33607

3434 W. COLUMBUS DR., SUITE 202
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1998

4. FEI Number

59-3518340

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 3816 W. LINEBAUGH AVE.

Suite, Apt., etc.

22 401

City & State

23 TAMPA, FL

Zip Country

24 33624 25

2a. Mailing Address

26 3816 W. LINEBAUGH AVE.

Suite, Apt., etc.

27 401

City & State

28 TAMPA, FL

Zip Country

29 33624 30

9. Name and Address of Current Registered Agent

SCHWARTZ, MARTIN B
3434 W. COLUMBUS DR., SUITE 202
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

MARTIN B. SCHWARTZ

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

3816 W. Linebaugh Ave

83

SUITE 401

84 City

Tampa

FL

85 Zip Code

33624

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

Martin B. Schwartz, Owner 4/30/99

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 SCHWARTZ, MARTIN B

STREET ADDRESS 11351 CALGAR CIR.

CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ DELETE

NAME Schwartz, Martin B

STREET ADDRESS 11314 Glenmont Dr.

CITY-ST-ZIP Tampa, FL 33635

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE Schwartz, Martin B ☒ Change ☐ Addition

1.2 NAME 11314 GLENMONT DR, B

1.3 STREET ADDRESS Tampa, FL 33635

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

Martin B. Schwartz

Date

Daytime Phone #

CR2E034 (11/98)

0395578