

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  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90053 033 \*\*\*150.00

DOCUMENT # P98000088660

1. Corporation Name

ROSE F. SCHWARTZ, INC.

Principal Place of Business

3400 GALT OCEAN DRIVE #2104 SOUTH  
FORT LAUDERDALE FL 33308

Mailing Address

3400 GALT OCEAN DRIVE #2104 SOUTH  
FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1998

4. FEI Number

65-6875395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 800 Corporate Drive

Suite, Apt. #, etc.

22 Suite 510

City & State

23 Ft. Lauderdale, Florida

Zip

24 33334

Country

25 U.S.A.

2a. Mailing Address

26 800 Corporate Drive

Suite, Apt. #, etc.

27 Suite 510

City & State

28 Ft. Lauderdale, Florida

Zip

29 33334

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

WEISMAN, SHIRLEY D  
800 CORPORATE DRIVE  
SUITE 510  
FORT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WEISMAN, SHIRLEY D  
STREET ADDRESS 17603 LAKE ESTATES DRIVE  
CITY-ST-ZIP BOCA RATON FL 33496

TITLE D ☒ DELETE

NAME SCHWARTZ, MARTIN S  
STREET ADDRESS 8215 LOS PINOS CIRCLE  
CITY-ST-ZIP CORAL GABLES FL 33143

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 PRESIDENT & Director ☒ Change ☐ Addition

1.2 NAME ROSE F. SCHWARTZ

1.3 STREET ADDRESS 3400 GALT OCEAN DR. APT 2104 S

1.4 CITY-ST-ZIP Ft. Lauderdale, Florida 33308

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/99

954-991-2000

CR2E034 (11/98)

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