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

PROFIT CORPGRATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S48016 T & M SCHWARTZ, INC.					01-26-1999	90053 039 ****	150.00	
Principal Plac	ce of Business	Mailing Address					OLDUK BIGIR OLDUK 1	
7810 BANYAN TERR 7810 BANYAN TERR								
TAMARAC FL 33321 TAMARAC FL 33321								
		•				T WRITE IN THIS	SPACE	
					3. Date Incorporated or Qu 04/25/1991	ıalifed		
Principal Place of Business 2a. Mailing Address					4. FEI Number		Ap	plied For
26					65-0261204	<u></u>		t Applicable
Suite, Apt. #, etc.					5. Certifcate of Status Des	ired 🔲	\$8.75	
22 27 City & State City & State					*			quired
City & State City & State					Election Campaign Fina Trust Fund Contribution	-) 1	\$5.00 Added 1	May Be o Fees
			Countr	y	8. This corporation owes to			
24	25	29	30		Personal Property Tax.	•	∑aYes	□No
	9. Name and Address of Current	Registered Agent	•		10. Name and Address of	New Registered	Agent	
COL	IMARTZ THEOROGE C		81	Name	•			
SCHWARTZ, THEODORE S. 7810 BANYAN TERR				Street Add	ress (P.O. Box Number is Not A	(cceptable)		
TAMARAC FL 33321			83			1 14 8 m. ste .	etal eras diale. Asia Sien Libita	2 - 2040 NA.
Transition is coosed				1				
				City	.,		85 Zip (Code
.11 Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statute	es the abov	e-named corr	oration submits this statement	for the numose o	e f changing its	registered
office or	registered agent, or both, in the State of arm familiar with, and accept the obligation	f Florida. Such change was au	ithorized by	the corporati	on's board of directors. I hereby	accept the appo	intment as re	gistered
SIGNATURE	in amina mui, and accept the congoth	5113 01, 0008011 007.0000, 1 101	ioa otatoto.		•			,
****	Signature, typed or printed name of registered agent			nt signature requin	ed when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES 1	O OFFICERS A	ND DIRECTO ☐ Change	RS IN 12
TITLE	=	□ bereie	1.1 TITLE				☐ Criange	
NAME OTDEET ADDRESS	SCHWARTZ, THEODORE S. 7810 BANYAN TERR		1.2 NAME		• •			
STREET ADDRESS	TAMARAC FL 33321		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				•	
CITY-ST-ZIP TITLE	VD VD	DELETE	2.1 TITLE	01-ZIP		·	☐ Change	Addition
NAME	SCHWARTZ, MAUREEN H.	. —	2.2 NAME					
STREET ADDRESS	7810 BANYAN TERR.			T ADDRESS		•		
CITY-ST-ZIP	TAMARAC FL		2. 4 CITY-	1				
TITLE		☐ DELETE	3.1 TITLE				☐ Change	Addition
NAME /	MSTALE LEGAL		3.2 NAME					
STREET ADDRESS	regerent i eur Berthaum 1900		3.3 STREE	T ADDRESS	,	1, 1111, 111, 115	rate in the s	(2) A B (8) (5)
City-st-zip	Contract to the state of the st		3.4. CITY-	ST-ZIP			學的場合	Alin Fa
TITLE	•	☐ DELETE	4.1 TITLE		11 11 11 11	14 (1997) 4 4 P (11)	Change -	Addition
NAME A	(1.50)	3 1	4. 2 NAME					
STREET ADDRESS		4 4 32	4.3 STREE	TADDRESS				ľ
CITY-ST-ZIP	***************************************		4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE		And the second of the second o		☐ Change	■ Addition
NAME			5.2 NAME					
STREET ADDRESS	(g)			TADDRESS				
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE	1-ZIP	* * * * *			□ Addition
NAME	THE COLUMN TWO IS NOT THE	C. DECETE	6.2 NAME	1			Change	Addition .

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Jan 26, 1999 8:00am

Secretary of State