FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S55693** (3)

1. Corporation Name

NEIL SCHAFFEL, P.A.

Principal Place of Business

~~10051 N KENDALL DRIVE~~ 3300 UNIVERSITY DRIVE
~~SUITE 200~~ SUITE 525
~~MIAMI FL 33176~~ CORAL SPRINGS FL 33065
US

Mailing Address

~~10051 N KENDALL DRIVE~~ 3300 UNIVERSITY DR
~~SUITE 200~~ SUITE 525
~~MIAMI FL 33176~~ CORAL SPRINGS FL 33065
US

3. Date Incorporated or Qualified: 05/29/1991

3a. Date of Last Report: 02/24/1995

2. Principal Place of Business
21 3300 UNIVERSITY DRIVE
Suite, Apt. #, etc.
22 525
City & State
23 CORAL SPRINGS FL
Zip 24 33065 Country 25 USA

2a. Mailing Address
26 3300 UNIVERSITY DRIVE
Suite, Apt. #, etc.
27 525
City & State
28 CORAL SPRINGS FL
Zip 29 33065 Country 30 USA

4. FEI Number: 65-0268376 — 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHAFFEL, NEIL
~~10051 N KENDALL DRIVE #200~~ 3300 UNIVERSITY DRIVE
~~SUITE 214~~ SUITE 525
~~MIAMI FL 33170~~ CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3300 UNIVERSITY DRIVE
83 SUITE 525
84 City: CORAL SPRINGS FL 85 Zip Code: 33065

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Neil Schaffel
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 2/5/96

12. OFFICERS AND DIRECTORS

TITLE: P
NAME: SCHAFFEL, NEIL
STREET ADDRESS: ~~11400 N. KENDALL DR. #214~~ 3300 UNIVERSITY DR #525
CITY-ST-ZIP: ~~MIAMI FL~~ CORAL SPRINGS FL 33065
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS: 3300 UNIVERSITY DRIVE - SUITE 525
1.4 CITY-ST-ZIP: CORAL SPRINGS FL 33065
☒ Change ☐ Addition

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: BY: Neil Schaffel, Pres. 2/5/96 (954) 340-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)