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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # S60307 (3)

1. Corporation Name  
BENJAMIN R. SCHULMAN, P.A.

Principal Place of Business Mailing Address  
4651 SHERIDAN STREET #300 4651 SHERIDAN STREET #300  
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/17/1991 3a. Date of Last Report 05/01/1994

4. FEI Number 65-0269596 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 (2)(3) Florida Statutes  Yes  No

2. Principal Place of Business  
21 4651 Sheridan Street

22 Suite, Apt. #, etc. # 325

23 City & State Hollywood Florida

24 Zip 33021

2a. Mailing Address  
26 4651 Sheridan St

27 Suite, Apt. #, etc. # 325

28 City & State Hollywood Florida

29 Zip 33021

9. Name and Address of Current Registered Agent

SCHULMAN, BENJAMIN R.  
4651 SHERIDAN ST #300  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) 4651 Sheridan St # 325  
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]* BENJAMIN R. SCHULMAN  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

4/27/95  
DATE

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY - ST - ZIP. Row 1: PS, SCHULMAN, BENJAMIN R., 4651 SHERIDAN ST #300, HOLLYWOOD FL.

Table with 2 columns: 1. TITLE, 1. NAME, 1. STREET ADDRESS, 1. CITY - ST - ZIP. Row 1: PS, BENJAMIN R. SCHULMAN, 4651 Sheridan St # 325, Hollywood FL 33021.

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 110.07(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 at the time my signature is placed on this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, as an attachment with an address.

SIGNATURE: *[Signature]* BENJAMIN R. SCHULMAN

4/27/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (SEE INSTRUCTIONS)