SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name S63106

(6)

PHILIP L. SCHWARTZ, P.A.

	FILE	D		
Jul 09	1998	8:00am		
Secre	etary	of State		



Delegie de la Blace	(Dave1		Malli- Ad					1341716 14 5111 110 HEL 811 611 611 611 611 611 611	
Principal Plac		ss	Mailing Ad						
517 SW FIRST AVENUE FORT LAUDERDALE FL 33301 US			517 SW FIRST AVENUE FORT LAUDERDALE FL 33301				{		
		US					DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified	
								06/28/1991	
2. Principal P	Place of B usi	ness	2a. Mailing	Address				4. FEI Number Applied	
21			26				65-0272113 Not App		
Suite, Apt.	#, etc.		├ ──	Apt. #, etc.				5. Certificate of Status Desired 58.75 Additi	
22 City & Stat	Δ		27 City & :	State	· · · · · · · · · · · · · · · · · · ·				
23	ıe		28	State				6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe	
Zip		Country	Zip		Coun	itry		8. This corporation owes or has paid the current year intangib	
24		25	29		30	,		Personal Property Tax due June 30. Yes No	16
	9. Name	and Address of Cur		gent				10. Name and Address of New Registered Agent	
SCH	WARTZ, P					81	Name		
	SW FIRST				<u>}</u>	82	Ctt A	ddroon (D.O. Boy Number in Not Accountable)	
		DALE FL 33301			1	0.2	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
. • • • • • • • • • • • • • • • • • • •	.,	D/ ICE (E 0000)			ļ.	83			
					 	0.4		led 75 out	
		()			ˈ	84	City	FL 85 Zip Code	
11. Pursuani	1 to the provi	sions of sections 607.0	502 and 607.1508,	Florida Statu	tes, the abo	ve-r	named cor		red
office or	registered a	gent for both, in the St	ate of Florida. Such	change was	authorized	by t	the corpor	rporation submits this statement for the purpose of changing its register ration's board of directors. I hereby accept the appointment as register	ed
SIGNATURE	11.		mganorio en econor		10,100 01010		•	7/5/61	
SIGNATURE	Signature, typed	for printed name of registered	agent and title if applicable	4)	NOTE: Registere	d Ág	eni signature	required when reinstating) DATE	
12.	,	OFFICERS	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	N 12
TITLE	D		l	DELETE	1.1 TITL	E		Change	Addition
NAME		itz, Philip L.			1.2 NAM	Œ			
STREET ADDRESS	517 S W				1.3 STRE	EET A	ADDRESS		
CITY-ST-ZIP	FT LAUD	erdale fl			1,4 CITY		ZIP		
TITLE			l	DELETE	2.1 TITU	E		Change	Addition
NAME					2.2 NAM	ŧΕ			
STREET ADDRESS	ļ				2 3 STR	EETA	ADDRESS		
CITY-ST-ZIP	···				2.4 CITY		ŽIP		
TITLE			Į	DELETE	3,1 YITL			Change	Addition
NAME					3,2 NAM				
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP					3,4 CITY		ZIP		
TITLE	ļ		l	DELETE	4.1 TITU		ļ	Change	Addition
NAME					4.2 NAM				
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP TITLE			r	7,50	4.4 CITY 5.1 TITL		ZIP		
			l	DELETE				Change	Addition
NAME OTDEST ADDRESS					5.2 NAM		4D00500		
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP TITLE				100,575	5,4 CITY 6,1 TITL		<u> </u>		4.3.384
			L	DELETE	6.2 NAM			Change	Addition
NAME STOCET ADDOCOS							ADDDESS		
STREET ADDRESS					1		ADDRESS		
CITY-ST-ZIP	erlify that the	Information supplied	th this filing does r	not qualify for	the exempt			section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated o	on this an nu:	al report or supplemen	tal annual report is:	true and accu	urate and th	atr	mv sianatu	ure shall have the same legal effect as if made under gath: that I am	
an officer of in Block 12	or aire ctor of 2 or Bl ock 13	the corporation of the sift changed, or so an :	receiver of trustee Wachment with an	empowered address.	to execute t	INI\$	report as	required by Chapter 607, Florida Statutes; and that my name appears	š
		" // /		_				(454)	

DIVILLANT SCHUMATZ