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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S93424** (7)
1. Corporation Name
**SCHNEIDER AND FIEDLER, P.A., CERTIFIED PUBLIC AC
COUNTANTS**



Principal Place of Business

**210 UNIVERSITY DR
SUITE 806
CORAL SPRINGS FL 33071
US**

Mailing Address

**210 UNIVERSITY DR., SUITE 806
SUITE E-106
CORAL SPRINGS FL 33071-7393
US**

3. Date Incorporated or Qualified
11/13/1991

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

21 **821 N.W. 79 TERRACE**
Suite, Apt. #, etc.

22 City & State

23 **PLANTATION FL**

24 **33324**

25 **BROWARD**

2a. Mailing Address

26 **821 N.W. 79 TERRACE**
Suite, Apt. #, etc.

27 City & State

28 **PLANTATION FL**

29 **33324**

30 **BROWARD**

4. FEI Number

65-0295004

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

**SCHNEIDER, ALLAN
210 UNIVERSITY DR
SUITE 806
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81 Name **FIEDLER, JOAN M.**

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

821 N.W. 79 TERRACE

83

84 City **PLANTATION**

FL

85 Zip Code
33324

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 *Joan M. Fiedler*

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when constituting)

1-31-97

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **SCHNEIDER, ALLAN**
STREET ADDRESS **210 UNIVERSITY DR**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **D** ☐ DELETE
NAME **FIEDLER, JOAN M**
STREET ADDRESS **210 UNIVERSITY DR**
CITY-ST-ZIP **CORAL SPRINGS FL**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

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

14. I do 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.

SIGNATURE: *Joan M. Fiedler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-97

Date

954-561-8202

Daytime Phone #

CR2E034 (9/96)