FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT**

Secretary of State

FILED Apr 06 1998 8:00am Secretary of State

·	1998	DIVISION OF CO	RPORATIONS	Secretary	or State
	MENT # J72168 A REALTY CORP.	3 (4)			
MINIM	A HEALIT CORP.			a nhāsala viri dhālā isdāl sadih ālibi dala mani bi	tis Glain deber Albei Brail 1881
Principal Place	e of Business	Mailing Address		- I IDDII138 APYL IDDAU TARDI AFARA DIIDA TUUL UKULI DII	FIL OLDIN DIDIK DIBIK BIDIL 1001
% FRED SCH	WARTZ	% FRED SCHWARTZ			•
2715 SPANISH RIVER ROAD		2715 SPANISH RIVER ROAD		DO NOT WRITE IN THIS SPACE	
BOCA RATON FL 33432		BOCA RATON FL 33432		3. Date Incorporated or Qualified	
1				05/11/1987	1
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		59-2819687	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State	a	City & State		6 Floating Compaign Financing	
23	•	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζφ	Country	8. This corporation owes or has paid the c	
24	25	29 30	0]	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
	HWARTZ, ZELMA		Name		
			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33432			83		
					1-1
			84 City	F	L 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	the above-named corp	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered
agent. I a	n familiar with, and accept the oblig	ations of, Section 607.0505, Florid	thorized by the corporati da Statutes.	ion's board of directors. I hereby accept the ap	opoiniment as registered
SIGNATURE				ed when reinslating) DATE	
12.	Signature, typed or printed name of registered ap OFFICERS AN	ont and title it applicable (NOTE: F	nagistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, FRED		1.2 NAME		
STREET ADDRESS	2715 SPANISH RIVER ROAD		1.3 STREET ADDRESS		[]
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		Change Addition
NAME	SCHWARTZ, DOUGLAS	!	2.2 NAME		
STREET ADDRESS	2410 HALYARD DRIVE MERRICK NY		2.3 STREET ADDRESS	·	
CITY-ST-ZIP TITLE	VPD	DELETE	2. 4 City - St - ZIP 3.1 TITLE		Change Addition
NAME	SCHWARTZ, SUSAN	-	3.2 NAME		
STREET ADDRESS	17 RYDER AVENUE	ļ	3.3 STREET ADDRESS		4
CITY-ST-ZIP	DIX HILLS NY		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 THLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		□ btttir	5.2 NAME		Chounds Chyonings
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TIFLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS		ļ	6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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 recover or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or only in attachment with an address.