

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 325704 (5)**

1. Corporation Name  
**R.L. SCHREIBER, INC.**



Principal Place of Business 1741 NW 33RD STREET POMPANO BEACH FL 33064	Mailing Address 1741 NW 33RD STREET POMPANO BEACH FL 33064
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/26/1968</b>	
21	26	4. FEI Number <b>59-1217903</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 Zip Country		28 Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip Country		29 Zip Country		30 Zip Country	

g. Name and Address of Current Registered Agent

**CARSON, CHRISTOPHER W**  
**1741 NW 33 ST**  
**POMPANO BEACH FL 33064-1391**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHREIBER, JANE L	
STREET ADDRESS	1741 NW 33RD STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHREIBER, ANNE M	
STREET ADDRESS	1741 NW 33RD ST.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MASSENGALE, MARY S.	
STREET ADDRESS	1741 NW 33 STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	PETERSON, KATHLEEN S.	
STREET ADDRESS	1741 NW 33RD ST	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHREIBER, THOMAS L	
STREET ADDRESS	1741 NW 33RD ST	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHREIBER, JOHN R	
STREET ADDRESS	1741 NW 33RD ST	
CITY-ST-ZIP	POMPANO BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: *Kathleen Peterson* WIRE *Kathleen Peterson* 1/15/98 800-624-8777

CR2E034 (10/97)