

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

**FILED**  
**Mar 17 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G44818 (4)**  
 1. Corporation Name  
**SCHMIER & FEURRING PROPERTIES, INC.**



Principal Place of Business <b>7777 GLADES RD., STE 310 BOCA RATON FL 33434-1150</b>	Mailing Address <b>7777 GLADES RD., STE 310 BOCA RATON FL 33434-4195</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/23/1983</b>		3a. Date of Last Report <b>02/21/1996</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25 Suite, Apt. #, etc.	26 City & State	27 Zip	28 Country
4. FET Number <b>59-2299287</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent <b>SCHMIER, ROBERT J. 7777 GLADES ROAD, STE 310 BOCA RATON FL 33434</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code <b>FL</b>			

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHMIER, ROBERT J</b>	1.2 NAME	
STREET ADDRESS	<b>7777 GLADES RD STE 310</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>CEOS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D/CEO/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEURRING, DOUGLAS R</b>	2.2 NAME	
STREET ADDRESS	<b>7777 GLADES RD STE 310</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOPEZ, KATHRYN A.</b>	3.2 NAME	
STREET ADDRESS	<b>7777 GLADES RD STE 310</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>V</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>Penny H. Weller</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>7777 Glades Road, Suite 310</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>Boca Raton, FL 33434</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 its 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 in an attachment with an address.

SIGNATURE: **Robert J. Schmier, Pres.** 3/12/97 561 482 8400

CR2E034 (9/96)