Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90091 008 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G44818

1. Corporation Name

SCHMIER & FEURRING PROPERTIES, INC.

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Pr	incipal Place	e of Business	Mailing Address			\$ 10051119 born propri prant (910) hood for Asbri d		SIBSI BEBLI IGGI	
7777 GLADES RD STE 310 7777 GLADES RD STE 310 BOCA RATON FL 33434-1150 BOCA RATON FL 33434-1150									
/						DO NOT WRITE IN THIS SPACE			
			-			3. Date Incorporated or Qualifed			
					•	06/23/1983			
2.	Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number	<u>`</u>	pplied Far	
21			26			59-2299287	No.	ot Applicable	
22	Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc. 27		.*		5. Certificate of Status Desired . IX		Additional equired	
	City & State					6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees	
23	Zip			Country					
24	P	25	29 30	_ `		Personal Property Tax.	angible ☐ Yes	□No	
24		9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registered			
		3. 140mo sita Address of Carton	t registored Agent	81	Name				
SCHMIER, ROBERT J.									
7777 GLADES ROAD, STE 310						Iress (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33434									
					City	FL 85 Zip Code			
SI	office or re agent. I as GNATURE	egistered agent, or both, in the State in familiar with, and accept the obligat	tions of, Section 607.0505, Florida	a Statutes	i.	ion's board of directors. I hereby accept the appoi			
12		OFFICERS AND DIRECTORS 13		13.	-	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	DRS IN 12	
тт		PD	☐ DELETE	1.1 TMLE			Change	☐ Addition	
NA!	Æ	SCHMIER, ROBERT J 12		1.2 NAME	1				
STF	REET ADDRESS 7777 GLADES RD STE 310			1.3 STREET	T ADDRESS				
ĊIT	ry-st-zip BOCA RATON, FL 00000			1.4 CITY-S	T-ZIP				
TIT		CEOS DELE		2.1 TITLE			Change	☐ Addition	
NAI	ME .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2.2 NAME					
	REET ADDRESS			2.3 STREE	TADORESS				
i .	Y-ST-ZIP	BOOK DITON EL GOGGO		2.4 CITY-5	ST-ZIP	·		`	
TIT				3.1 TITLE			Change	☐ Addition	
NAI	νE	LOPEZ, KATHRYN A.		3.2 NAME					
	REET ADDRESS	01 10E0 DD 075 040		3.3 STREE	T ADDRESS				
CIT	Y-ST-ZIP	BOCA RATON FL 34		3.4. C/TY-5	ST-ZIP		<u>.</u>		
ТП				4.1 TITLE			Change	☐ Addition	
NA	Æ	WELLER, PENNY H		4.2 NAME					
STE				4.3 STREE	T ADDRESS				
	Y-ST-ZIP	BOCA RATON FL		4.4 CITY-S	T-ZIP				
TIT			☐ DELETE	5.1 TITLE			Change	Addition	
NAI				5.2 NAME		*.		ļ	

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 of supplemental annual report of 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 of trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the concoration or the recei Block 12 or Block 13 if changed, or on an attag

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Addition

☐ Change