

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

FILED

**Jan 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G88479 (2)
1. Corporation Name
SCHIEFER-DECKER PROPERTIES, INC.

Principal Place of Business 501 E. JACKSON STREET ORLANDO FL 32801	Mailing Address 501 E. JACKSON STREET ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 125 S. Swoope Ave.	2a. Mailing Address 26 125 S. Swoope Ave.
22 Suite, Apt. #, etc. Suite 103	27 Suite, Apt. #, etc. Suite 103
23 City & State Maitland, Florida	28 City & State Maitland, Florida
24 Zip 32751 Country Orange	29 Zip 32751 Country Orange

3. Date Incorporated or Qualified 03/01/1984	4. FEI Number 59-2380984	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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		

9. Name and Address of Current Registered Agent

SCHIEFERDECKER, HOWARD A.
501 EAST JACKSON STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City	84 Zip Code
	125 S. Swoope Ave., Suite 103	Maitland, Florida	32751
		FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIEFERDECKER, HOWARD A.	1.2 NAME	
STREET ADDRESS	1605 KING ARTHUR CIRCLE	1.3 STREET ADDRESS	125 S. Swoope Ave., Suite 103
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	Maitland, Florida 32751
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<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		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 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: HOWARD A. SCHIEFERDECKER SIGNATURE REQUIRED 1/14/98

CR2E034 (10/97)