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PROFIT CORPORATION ANNUAL REPORT **1997**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M84319

(6)

	E SCHWAB EXCA	VATING, INC	ŀ									
Principal Place of Business Mailing Address								31000				
17303 SOLIE ROAD 17303 SOLIE ROAD ODESSA FL 33556 ODESSA FL 33556-1922												
								3. Date Incorporat 06/08/1988	ed or Qualified		ate of Last F /09/1996	Report
2. Principal F	lace of Business		2a. Mailing A	Address			······································	4. FEI Number		1	<u> </u>	pplied For
21		2	26					59-287739	2		N	ot Applicable
Suite, Apt #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Regulred					
City & Stat	C		C1y & St	ate			,	6. Election Campa			\$5.00	May Be
23			28					Trust Fund Cont			 	to Fees
Zip	Country	´ ├ -	Zip		Coun	itry		8. This corporation	,	r intangible Yes		s. 199.032,
24	9, Name and Addre		egistered Age	ent	30			Florida Statutes 10. Name and Add				
SCI	HWAB, BARBARA				8	B1	Name					
173	03 SOLIE ROAD ESSA FL 33556				8	B2	Street Ado	lress (P.O. Box Number	is Not Accepta	able)		· · · · · · · · · · · · · · · · · · ·
GDI	E33M FL 33330				8	83						
					8	B4	City	• · · · · · · · · · · · · · · · · · · ·		FL	85 Zip	Code
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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 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.

6.4 CITY - \$1 - ZIP

SIGNATURE:

SOLTING AND TYPE OF BRINTED NAME OF SHOUND OFFICER OF THE FORM

2.24.57

920, 3254

FILED

Mar 11 1997 8:00am

Secretary of State