## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT #	N94000005419	(6)
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SCHOTT MEMORIAL CENTER, INC.

0011011	WEMOTIVE OFFICE H	<b>,</b>							
Principal Place	of Business	Mailing Address				f (##1319) die (Pro erfer parer dans	<b>4 5</b> 1111 <b>4</b> 1111 <b>4</b> 1		11414 1411 1401
6591 S.W. 124	TH AVE.	6591 S.W. 124TH AVE.							
FT. LAUDERDA	LE FL 33330	FT. LAUDERDALE FL 3	3330						
						<ol> <li>Date Incorporated or Qualified 10/31/1994</li> </ol>	3a. D	oate of Last I 05/01/19	Report <b>395</b>
2. Principal Pla	ce of Business	2a. Mailing Address 26				4. FEI Number APPLIED FOR 65	05565	'> u	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>Ø</b>	<b>+</b> +	Additional Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution			O May Be d to Fees
23 Zin	Country	28 Zip	Countr	ν		8. This corporation has liability for	intangible f		
Zip	25	29	30	•		Florida Statutes	☐ Yes [.	□ No	
	9. Name and Address of Currer					10. Name and Address of New F	legistered	Agent	
			8	1 Nan	ne .				
	ALD, J. PATRICK		8:	2 Stre	et Addres	ss (P.O. Box Number is Not Acceptal	ole)		
	RICK WAY, STE. 2-C		8:	2					
CORAL G	SABLES FL 33134		<u> </u>						
			8-	4 City	•		FL	85 Zg	p Code
or register familiar wit	o the provisions of Sections 617.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	stion 617.0503, Florida Statute	9S.	poratio	11 \$ 00010	of directors. Frictibly accept the app	rpose of choointment a	nanging its r is registered	egistered office agent. I am
	Signature, typed or printed name of registered ager		OTE: Registered Ag	ent signat	une required s	ADDITIONS/CHANGES TO OF		ID DIRECTO	ORS IN 12
12.	D OFFICERS AF	ND DIRECTORS	1.3 7171.8		D	7.00110100 OFF TOOLS		Change	Addition
NAME	VITUCCI, JIM (		1.2 NAM		D	PATRO, OLIVER	_		
STREET ADDRESS	701 N. HIATUS ROAD		1.3 STRE	ET ADDRE		59 PoisciNA DRW			
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 C(TY	-ST-ZIP		AMI BEACH PL 33!	.60	TTLA.	
TITLE	D	DELETE	2 1 TITLE	Ē	D			Change	☐ Addition
NAME	MCCONNEL, ROBERT		2.2 NAM		1	cconneu, Robert Os wimbelton Den	5		
STREET ADDRESS	2925 CARDINAL DR. COOPER CITY FL 33026			ET ADDRE		OPER CITY, FL 33			
CITY-ST-ZIP	D	<b>□</b> DELETE	2. 4 Citt	Y - ST - ZIP E	70		<u> </u>	Change	Addition
NAME	SCHOTT, STEVEN M	<u></u>	3 2 NAM		P	ARELLO, RAYMOND			
STREET ADDRESS	425 WALNUT ST., 1100 STA	R BANK CNTR.	3 3 STRI	EET ADDRI	SS IL	1430 mustang trai		_	
CITY-ST-ZIP	CINCINNATI OH 45202		3.4. CIT	Y-ST-ZIP	F1	LAUDERDAUE FL	3333	<u>ب</u>	70 <b>.</b>
TITLE	D	DELETE	4.1 TITL	E	D			☐ Change	Addition
NAME	SCHOTT, GREGG		4. 2 NA		_ O	REILLY, GABRIEL 300 S. UNIVERSITY	D Q LU (	3	
STREET ADDRESS	1154 WITTSHIRE LANE			EET ADDR			<b>V</b> 10.0		
CITY - ST - ZIP	CINCINNATI OH 45255	DELETE	5.1 TITL	r-ST-ZIP	- ADI	avie, fl 33328		Change	Addition
TITLE	D   ARISTY, JUAN		5.2 NAM					_ ,	
NAME CAREET ADDRESS	4215 S.W. 33RD DR.			EET ADDR	ESS				
STREET ADDRESS	HOLLYWOOD FL 33023			Y - ST - ZIP					
CITY-SY-ZIP TITLE	D	DELETE	6.1 TITL					Change	■ Addition
NAME	HENNESSEY, WILLIAM (		6.2 NAM	ΛE	-				
CIDECT ADDDECC	5601 S. FLAMINGO ROAD		63 STR	EET ADDR	ESS				

FT. LAUDERDALE FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b). 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address. R.GREG Schott SIGNATURE:

184-3306

CR2E037 (12/95)