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Feb 18 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000005419 (6)**

1. Corporation Name

**SCHOTT MEMORIAL CENTER, INC.**

Principal Place of Business

6591 S.W. 124TH AVE.  
FT. LAUDERDALE FL 33330

Mailing Address

6591 S.W. 124TH AVE.  
FT. LAUDERDALE FL 33330-3915



3. Date Incorporated or Qualified  
**10/31/1994**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

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4. FEI Number  
**65-0556524**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FITZGERALD, J. PATRICK  
110 MERRICK WAY, STE. 2-C  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VITUCCI, JIM (</b>	
STREET ADDRESS	<b>701 N. HIATUS ROAD</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCONNEL, ROBERT</b>	
STREET ADDRESS	<b>4105 WIMBELTON DRIVE</b>	
CITY-ST-ZIP	<b>COOPER CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHOTT, STEVEN M</b>	
STREET ADDRESS	<b>425 WALNUT ST., 1100 STAR BANK CNTR.</b>	
CITY-ST-ZIP	<b>CINCINNATI OH 45202</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHOTT, GREGG</b>	
STREET ADDRESS	<b>1154 WITTHIRE LANE</b>	
CITY-ST-ZIP	<b>CINCINNATI OH 45255</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ARISTY, JUAN</b>	
STREET ADDRESS	<b>4215 S.W. 33RD DR.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HENNESSEY, WILLIAM (</b>	
STREET ADDRESS	<b>5601 S. FLAMINGO ROAD</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>M</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JOHN R. GREEN</b>	
1.3 STREET ADDRESS	<b>550 FAIRWAY AVENUE</b>	
1.4 CITY-ST-ZIP	<b>DAVIE, FL 33325</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(l), 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 on an attachment with an address.

SIGNATURE: **John R. Green** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-10-97**

Date

Daytime Phone # **0037447**

CR2E037 (9/96)