FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90012 015 ***122.50

DOCUMENT # N94000005419

1. Corporation Name
SCHOTT MEMORIAL CENTER, INC.

Principal Place of Business	Mailing Address
6591 S.W. 124TH AVE. FT. LAUDERDALE FL 33330	6591 S.W. 124TH AVE. FT. LAUDERDALE FL 33330

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/31/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0556524 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	VITUCCI, JIM (		1.2 NAME	SCHOTT, STEPHEN M.	
STREET ADDRESS	701 N. HIATUS ROAD		1.3 STREET ADDRESS	201 EAST 5TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	D	☐ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	MCCONNEL, ROBERT		2.2 NAME	SCHOTT, GREG	
STREET ADDRESS	4105 WIMBELTON DRIVE		2.3 STREET ADDRESS	201 EAST 5TH STREET	
CITY-ST-ZIP	COOPER CITY FL		2.4 CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	D	☐ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	SCHOTT, STEPHEN M		3.2 NAME	HENNESSEY, WILLIAM	
STREET ADDRESS	201 E 5TH ST		3.3 STREET ADDRESS	9401 BISCAYNE BLVD	
CITY-ST-ZIP	CINCINNATI OH 45202		3.4 CITY-ST-ZIP	Miami Shores, FL 33138	
TITLE	D	☐ DELETE	4.1 TITLE	MD	☑ Change ☑ Addition
NAME	SCHOTT, GREGG		4.2 NAME	GREEN, JOHN R.	
STREET ADDRESS	1154 WITTSHIRE LANE		4.3 STREET ADDRESS	530 FAIRFAX AVE.	
CITY-ST-ZIP	CINCINNATI OH 45255		4.4 CITY-ST-ZIP	DAVIE, FL 33325	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ARISTY, JUAN		5.2 NAME		
STREET ADDRESS	4215 S.W. 33RD DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33023		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HENNESSEY, WILLIAM (		6.2 NAME		
STREET ADDRESS	5601 S. FLAMINGO ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John R. Green JOHN R. GREEN 1-7-98 (954)434-3306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)