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Mailing Address

750 S. DIXIE HWY P.O. BOX 3004

BOCA RATON FL 33431-0904

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000075465 (3)

LARRY E. SCHNER, P.A.

Principal Place of Business

750 S. DIXIE HWY.

BOCA RATON FL 33431

P.O. BOX 3004

3a. Date of Last Report 3. Date Incorporated or Qualified 11/01/1993 01/26/1996 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For 65-0445092 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc Suite Ant #. etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SCHNER, LARRY E. 750 S. DIXIE HWY 82 Street Address (P.O. Box Number is Not Acceptable) STE. #355 83 **BOCA RATON FL 33432** 84 Zip Code City 85 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or proted name of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) (96/6)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 Change Addition DELETE 1.1 TITLE TITLE SCHNER, LARRY E 1.2 NAME NAME 1900 GLADES ROAD SUITE 355 750 S. Dixie Highway 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** BOca Raton, FL 33432 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY - ST - ZIP ☐ Addition DELETE Change 31 TITLE TiTLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAMÉ **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change ■ Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

FILED Feb 04 1997 8:00am Secretary of State

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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.

SIGNATURE:

O OP PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry E. Schner 1/84/97

(56) 368-6266