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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # P9400030969 (7)

THOMAS E. SCHULER, P.A.

Principal Place of Business

SIGNATURE:

Mailing Address

799 OCEAN DRIVE WEST KEY COLONY BEACH FL 33051 799 OCEAN DRIVE WEST KEY COLONY BEACH FL 33051 FILED Mar 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1994 2e, Mailing Address 26 P.O. Box 510064 2. Principal Place of Business 4. FEI Number Applied For 65-0502832 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MILLER, ROBERT K 2975 OVERSEAS HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) MARATHON FL 33050 83 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or protect care, of tage territage at and title it apolicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE SCHULER, THOMAS E 1.2 NAME NAME gean Dr. 799 OCEAN DRIVE WEST STREET ADDRESS 1.3 STREET ADDRESS **KEY COLONY BEACH FL 33051** CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CRY-ST-ZIP 2 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME 6 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 trustate empowered to execution his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an all properties with an address