Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90089 044 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT

1. Corporation Name

BARHY	D. SCHAHMETT & ASSUC	IATES, INC.						
Deinning I Ding	- of Duciness	Mailing Address						
19131 FAIRLAWN WAY BOCA RATON FL 33434 BOCA RATON FL 33434								
BOOK INTOLLE 22404			•			DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 11/20/1995		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Apr	olied For
21		26				65-0663909	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired -	\$8.75 A	dditional
22 -	The second of the second	27	7			3. Carmona of operor period	Fee Re	quired
City & Stat	te	City & State				6. Election Campaign Financing \$5.00 May Be		
23	<u> </u>	28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Cor	ıntry		8. This corporation owes the current year Into		
24	25	29	30	,	·	Personal Property Tax.		□No
	9. Name and Address of Curr	ent Registered Agent		24	N.	10. Name and Address of New Registered	Agent	
ect.	IARMETT, BARRY D			81	Name			
	-			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	31 FAIRLAWN WAY							
ВОС	CA RATON FL 33434			83				
				84	City		85 Zip C	ode
					<u> </u>	<u>FL</u>		
office or a	registered agent or both in the Stat	te of Florida. Such change w	as authonzei	a bv	the corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	changing its ntment as reg	jistered
agent. I a	im familiar with, and accept the oblig	gations of, Section 607.0505	, Florida Stat	utes		, , ,,		
SIGNATURE								
	Signature, typed or printed name of registered a			-	nt signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	DC IN 12
12.		AND DIRECTORS DELET	13. E 1.1 Ti			ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
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NAME	SCHARMETT, BARRY D			AME				}
STREET ADDRESS					TADDRESS			}
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		☐ DELET	3.3 S 3.4. C E 4.1 T	TREET CITY-S TILE			☐ Change	Addition
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SIGNATURE:

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.