

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S90563 (5)**

1. Corporation Name
PENNY SCHMIDT ASSOCIATES, INC.



Principal Place of Business: **511 LEE BLVD. LEHIGH ACRES FL 33936 US**
 Mailing Address: **PO BOX 0821 LEHIGH ACRES FL 33970 US**

3. Date Incorporated or Qualified: **10/29/1991**
 3a. Date of Last Report: **04/24/1995**
 4. FEI Number: **65-0291901**
 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

2. Principal Place of Business: **21 6851 Pentland Way**
 Suite, Apt. #, etc.: **22 #12**
 City & State: **23 Fort Myers**
 Zip: **24 FL33912** Country: **25 USA**
 Mailing Address: **26 Same 6851 Pentland Way**
 Suite, Apt. #, etc.: **27 #12**
 City & State: **28 Fort Myers**
 Zip: **29 FL33912** Country: **30 USA**

9. Name and Address of Current Registered Agent
SCHMIDT PENNY
511 LEE BLVD.
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent
81 Name: Schmidt Penny
82 Street Address (P.O. Box Number is Not Acceptable): 6851 Pentland Way #12
84 City: Fort Myers FL 85 Zip Code: 33912

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: Penny Schmidt DATE: 4-22-96

12. OFFICERS AND DIRECTORS

TITLE	PVTS	<input type="checkbox"/> DELETE
NAME	SCHMIDT, PENNY	
STREET ADDRESS	511 LEE BLVD.	
CITY - ST - ZIP	LEHIGH ACRES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHMIDT, Penny	
1.3 STREET ADDRESS	6851 Pentland Way #12	
1.4 CITY - ST - ZIP	Fort Myers FL 33912	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Penny Schmidt DATE: 4/22/96 941-768 6636
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: PENNY SCHMIDT

CR2E034 (12/95)