## 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

## FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90115 010 \*\*\*158.75

DOCUI	MENT # V56874	1			
1. Corporation	Name	T			
SCHEDA	ECOLOGICAL ASSOCIATI	FS. INC.			
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0 1 1 1 1 1 1		Marillan Addaga		<u> </u>	44044 61641 01014 64041 01014 1061
Principal Place	e of Business	Mailing Address			
4013 EAST FOWLER AVE		4013 EAST FOWLER AVE			
TAMPA FL 33617		TAMPA FL 33617		DO NOT WRITE IN THI	S SPACE
US		US		3. Date Incorporated or Qualifed	
				· · · · · · · · · · · · · · · · · · ·	
	(B)	0 11:5 - Address		08/07/1992 4. FEI Number	Applied For
<u> </u>	ace of Business	2a. Mailing Address			Not Applicable
21		26		59-3137163	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		27	<del></del>		
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	d Agent
			81 Name		
	ONIS, CHRISTINA		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
111 E. MADISON STREET		62 Street Add	diess (F.O. Box 148/fiber is 140/ Acceptable)		
SUIT	E 1100		83		-
TAM	PA FL 33602				
			84 City	Fi	85 Zip Code
	6.0 11 007.05	00 1007 4500 51-14- 01-1-		poration submits this statement for the purpose of	_
11. Pursuant	to the provisions of Sections 607.056	UZ and 607.1508, Florida Statu	tes, the above-hamed cor	poration submits this statement for the purpose of	Ji changing no registered
		e of Florida. Such change was a	authorized by the corporat	tion's board of directors. I hereby accept the appoint	ointment as registered
agent. I a	m familiar with, and accept the obliga	of Florida, Such change was a ations of, Section 607.0505, Fl	authorized by the corporat	tion's board of directors. I hereby accept the appoint	ointment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Fl	authorized by the corporat	tion's board of directors. I nereby accept the appo	ointment as registered
agent. I a	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Fluent and title if applicable. (NOT	authorized by the corporat orida Statutes. E. Registered Agent signature requir	red when reinstating)  DATE	ointment as registered
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agent. I a	m familiar with, and accept the obligation of registered age  OFFICERS AI	ations of, Section 607.0505, Fluent and title if applicable. (NOT	authorized by the corporat orida Statutes. E. Registered Agent signature requir	red when reinstating)  DATE	ointment as registered
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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 attachment with an address, with all other like empowered.

SIGNATURE:



2-5-99

8(3,971,3755