

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

FILED

Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S32731** (9)
1. Corporation Name
SCHOFIELD CORPORATION OF ORLANDO

Principal Place of Business

**255 S ORANGE AVE
SUITE 888
ORLANDO FL 32801
US**

Mailing Address

**255 S. ORANGE AVENUE
888
ORLANDO FL 32801-3452
US**

3. Date Incorporated or Qualified

02/14/1991

3a. Date of Last Report

06/06/1996

4. FEI Number

59-3047860

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 **450 East Las Olas Blvd.**

2a. Mailing Address

26 **450 East Las Olas Blvd.**

Suite, Apt. #, etc.

22 **#1200**

Suite, Apt. #, etc.

27 **#1200**

City & State

23 **Fort Lauderdale, FL**

City & State

28 **Fort Lauderdale, FL**

Zip

24 **33301**

Country

25 **USA**

Zip

29 **33301**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**ROTH, ROBERT T.
255 S ORANGE AVE
SUITE 888
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name **CT Corporation System**

82 Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

83

84 City **Plantation**

FL

85 Zip Code
33324

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 **Victoria Goldstein**

VICTORIA GOLDSTEIN, SPECIAL ASST. SECRETARY 3/13/97

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	COSGROVE, MARK J.	
STREET ADDRESS	7550 HINSON ST. #8-C	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROTH, ROBERT T.	
STREET ADDRESS	7550 HINSON ST #8-C	
CITY-ST-ZIP	ORLANDO 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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: **Richard L. Handley**

3/13/97 954-713-5200

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

0082044

CR2E034 (9/96)

SCHOFIELD CORPORATION OF ORLANDO
OFFICER & DIRECTOR LIST

<u>OFFICE</u>	<u>NAME</u>
Director	Harris W. Hudson
President	Harris W. Hudson
Vice Presidents	Jim Cosman
	Richard L. Handley
	Thomas W. Hawkins
	Jeff Levine
	Michael Drury
	Allen R. Bradbeck
Secretary	Richard L. Handley
Assistant Secretaries	Jeff Levine
Treasurer	Courtland Peddy
Assistant Treasurers	Michael Carpenter
	Howard Sills
	Michael Drury

Address: 450 East Las Olas Blvd., Suite 1200
Fort Lauderdale, Florida 33301