

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

FILED

**Mar 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S32731 (9)
1. Corporation Name
SCHOFIELD CORPORATION OF ORLANDO



Principal Place of Business 450 AST LAS OLAS BLVD #1200 FORT LAUDERDALE FL 33301 US	Mailing Address 450 AST LAS OLAS BLVD #1200 FORT LAUDERDALE FL 33301 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 110 S.E. 6th Street	26 110 S.E. 6th Street
22 20th Floor	27 20th Floor
23 Ft. Lauderdale, FL	28 Ft. Lauderdale, FL
24 33301	25 US
29 33301	30 US

3. Date Incorporated or Qualified 02/14/1991	
4. FEI Number 59-3047860	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		85 Zip Code	

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) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	HUDSON, HARRIS W
STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 1200
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	<input type="checkbox"/> DELETE
NAME	COSMAN, JIM
STREET ADDRESS	450 AST LAS OLAS BLVD, SUITE 1200
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	HANDLEY, RICHARD L
STREET ADDRESS	450 AST LAS OLAS BLVD, SUITE 1200
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	HAWKINS, THOMAS W
STREET ADDRESS	450 AST LAS OLAS BLVD, SUITE 1200
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	LEVINE, JEFF
STREET ADDRESS	450 AST LAS OLAS BLVD, SUITE 1200
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DRURY, MICHAEL
STREET ADDRESS	450 AST LAS OLAS BLVD, SUITE 1200
CITY-ST-ZIP	FORT LAUDERDALE FL 33301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cole, James O.
3.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kilburn, Dan
4.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	As Barclay, David A.
5.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Hyle, Kathleen
6.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301

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.

SIGNATURE _____

CR2E034 (10/97)