


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

0279460

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S32731</b> 1. Corporation Name <b>SCHOFIELD CORPORATION OF ORLANDO</b>					
Principal Place of Business <b>110 SE 6TH ST                  20TH FL                  FORT LAUDERDALE FL 33301                  US</b>			Mailing Address <b>110 SE 6TH ST                  20TH FL                  FORT LAUDERDALE FL 33301                  US</b>		
2. Principal Place of Business 21 <b>110 S.E. 6th St.</b> Suite, Apt. #, etc. 22 <b>28th FLOOR</b> City & State 23 <b>Ft. Lauderdale, FL</b> Zip Country 24 <b>33301</b> 25 <b>US</b>		2a. Mailing Address 26 <b>110 S.E. 6th St.</b> Suite, Apt. #, etc. 27 <b>28th FLOOR</b> City & State 28 <b>Ft. Lauderdale, FL</b> Zip Country 29 <b>33301</b> 30 <b>US</b>			
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature requires a written consent.)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input checked="" type="checkbox"/> DELETE	11 TITLE		
NAME	HUDSON, HARRIS W		12 NAME	D HARRIS W. HUDSON	
STREET ADDRESS	110 SE 6TH ST 20TH FL		13 STREET ADDRESS	110 S.E. 6th St. 28th FLOOR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		14 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	V	<input checked="" type="checkbox"/> DELETE	21 TITLE		
NAME	COSMAN, JIM		22 NAME	JAMES H. COSMAN	
STREET ADDRESS	110 SE 6TH ST 20TH FL		23 STREET ADDRESS	110 S.E. 6th St. 28th FLOOR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		24 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	VS	<input checked="" type="checkbox"/> DELETE	31 TITLE		
NAME	COLE, JAMES O		32 NAME	DAVID A. BARCLAY	
STREET ADDRESS	110 SE 6TH ST 20TH FL		33 STREET ADDRESS	110 S.E. 6th St, 28th FLOOR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		34 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	V	<input checked="" type="checkbox"/> DELETE	41 TITLE		
NAME	KILBURN, DAN		42 NAME	Edward A. LANG, III	
STREET ADDRESS	110 SE 6TH ST 20TH FL		43 STREET ADDRESS	110 S.E. 6th St, 28th FLOOR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		44 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	AS	<input checked="" type="checkbox"/> DELETE	51 TITLE		
NAME	BARCLAY, DAVID A		52 NAME		
STREET ADDRESS	110 SE 6TH ST 20TH FL		53 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		54 CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	61 TITLE		
NAME	HYLE, KATHLEEN		62 NAME		
STREET ADDRESS	110 SE 6TH ST 20TH FL		63 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		64 CITY-ST-ZIP		

FILED

99 FEB 25 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/14/1991**

4. FEI Number  
**59-3047860**

5. Certificate of Status Desired  Applied For  Not Applicable  
**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax  Yes  No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

**FL**

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 subsequent 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DAVID A. BARCLAY SECRETARY**

2/17/99 (954) 769-2928  
Date Daytime Phone #

CR2E034 (11/98)

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-03/02/99-01891-001  
\*\*\*150.00\*\*\*