

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON DATE 1/1/1999.
AMOUNT DUE ON OR BEFORE 8/7/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 413650 (3)
1. Corporation Name
HAROLD NEIL SCHAFER AND COMPANY INCORPORATED

Principal Place of Business		Mailing Address	
PO BOX 14280 CORAL GABLES FL 33114-2800 US		PO BOX 14280 CORAL GABLES FL 33114-2800 US	
2. Principal Place of Business		2a. Mailing Address	
1. 7850 N.W. 146 ST Suite Apt. # etc 200		2b. 7850 N.W. 146 ST Suite Apt. # etc 200	
City & State		City & State	
3. MIAMI LAKES FL		2c. MIAMI LAKES FL	
Zip		Zip	
4. 33016		2d. 33016	
Country		Country	
25		30	
9. Name and Address of Current Registered Agent			
SCHAFER, H N 1105 MALAGA AVE CORAL GABLES FL 33134			

SCHAFER, H N
1105 MALAGA AVE
CORAL GABLES FL 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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

Signature (typed or printed name of individual agent and title if applicable)		(NOTE: If applicable)	
12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	11. TITLE	PTS
NAME	SCHAFER, HAROLD N.	12. NAME	HAROLD N. SCHAFER
STREET ADDRESS	1105 MALAGA AVE	13. STREET ADDRESS	7850 N.W. 146 ST. SUITE 200
CITY-ST-ZIP	CORAL GABLES FL	14. CITY-ST-ZIP	MIAMI LAKES FL 33016
TITLE		15. TITLE	
NAME		16. NAME	
STREET ADDRESS		17. STREET ADDRESS	
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