


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
1. Corporation Name HAROLD NEIL SCHAFER AND COMPANY INCORPORATED		DOCUMENT # 413650 (3)	
Mailing Address PO BOX 144280 CORAL GABLES FL 33144-1280		Principal Place of Business PO BOX 144280 CORAL GABLES FL 33144-1280	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. Mailing Address 21 6820 SW St. Suite, Apt. #, etc.		2a. Principal Place of Business 26 6820 SW St. Suite, Apt. #, etc.	
22 City & State 23 Miami, FL Zip 24 33165		27 City & State 28 Miami, FL Zip 29 33155	
25 Country		30 Country	
9. Name and Address of Current Registered Agent SCHAFER, H N 1105 MALAGA AVE CORAL GABLES FL 33134		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	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.		DATE 5/01/99	
SIGNATURE Harold N. Schaffer (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required if not resigning)		DATE 5/01/99	
12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	P/T/S SCHAFER, HAROLD N. 1105 MALAGA AVE CORAL GABLES FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	P/T/S Schaffer, N.N. 6820 SW 37th St. Miami, FL 33155
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	600002904136--4 -06/15/99--01041--003 ****225.00 ****225.00
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I declare the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: Harold N. Schaffer		5/01/99 (419) 698-4377	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	