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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

City & State

Zip

24

(0)

City & State

Zip

SCHMAHL BROS INC

DOI WALL BROOK INC		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
Principal Place of Business	Mailing Address			
7890 WILES ROAD CORAL SPRINGS FL 33067	7890 WILES ROAD CORAL SPRINGS FL 33067			
		01/08/1973		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For	
21	26	59-1440882	Not Applicable	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	

30

9. Name and Address of Current Registered Agent SCHMAHL, BRUCE W **528 VIA VERONA**

DEERFIELD BEACH FL 33442

Coi	untry	a. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. No				
	T	10. Name and Address of New Registered Agent				
	81	Name				
82		Street Address (P.O. Box Number is Not Acceptable)				
	83					
	84	City 95 Zin Code				

6. Election Campaign Financing

Trust Fund Contribution

FILED

Jan 23 1998 8:00am

Secretary of State

\$5.00 May Be

Added to Fees

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											
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DI		13.	ADDITIONS/CHANGES TO O							
TITLE	PD	☐ DELETE	1.1 TITLE		Change	Addition					
NAME	SCHMAHL, BRUCE WM		1.2 NAME								
STREET ADDRESS	528 VIA VERONA		1.3 STREET ADDRESS								
CiTY-ST-ZIP	DEERFIELD BEACH FL		1.4 CITY-ST-ZIP								
TITLE	VD	☐ DELETE	2.1 TITLE		Change	☐ Addition					
NAME	SCHMAHL, DOUGLAS E.		2.2 NAME								
STREET ADDRESS	2701 NE 26TH AVE		2.3 STREET ADDRESS								
CITY-ST-ZIP	LIGHTHOUSE POINT FL		2. 4 CITY-ST-ZIP								
TITLE	ST	☐ DELĒTE	3.1 TITLE		Change	Addition					
NAME	schmahl,robert K.		3.2 NAME			l					
STREET ADDRESS	1591 NW 100TH DRIVE		3.3 STREET ADDRESS			j					
CITY-ST-ZIP	Coral Springs Fl		3.4. CITY-ST-ZIP								
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition					
NAME			4. 2 NAME			ŀ					
STREET ADDRESS			4.3 STREET ADDRESS								
CITY-ST-ZIP			4.4 CITY-ST-ZIP								
TITLE		☐ DELETE	5.1 TITLE		Change	Addition					
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-ST-ZIP								
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition					
NAME			6.2 NAME								
STREET ADDRESS			63 STREET ADDRESS								

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 chapter or on an attachment with an address.

6.4 CITY-ST-ZIP