

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Sep 17 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 507813 (4)  
 1. Corporation Name  
 SCHAAF DEVELOPMENT GROUP, INC.



Principal Place of Business: 725 NORTH A1A SUITE D-101 JUPITER FL 33477 US  
 Mailing Address: P.O. BOX 2280 JUPITER FL 33418 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1976

4. FEI Number: 59-1680631 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
 MENOWN, MICHELLE T.  
 6094 UNGERER ST.  
 PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name: Michelle T. Menown  
 82 Street Address (P.O. Box Number is Not Acceptable): 257 Cardinal Lane  
 83  
 84 City: Jupiter FL 85 Zip Code: 33458

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: *Michelle T. Menown* Michelle T. Menown, Vice Pres of Admin. 9/13/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHAAF, GREGG	
STREET ADDRESS	P.O. BOX 2280 N.A	
CITY-ST-ZIP	JUPITER FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	TASELL, DAVID	
STREET ADDRESS	P.O. BOX 2280 N/A	
CITY-ST-ZIP	JUPITER FL	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	SCHAAF, GREGG	
STREET ADDRESS	P.O. BOX 2280 N/A	
CITY-ST-ZIP	JUPITER FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MENOWN, MICHELLE T.	
STREET ADDRESS	P.O. BOX 2280 N/A	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Michelle T. Menown* 9/13/98 561747-6992

CR2E034 (5/98)