

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

FILED
Mar 02 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 # 544766 (9)
1. Corporation Name
SCHRAKO, INC.

Principal Place of Business
6545 W STATE RD 44
LAKE PANASOFFKEE FL 33538
US

Mailing Address
6545 W STATE RD 44
LAKE PANASOFFKEE FL 33538
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/31/1977	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1769815	
24 Country		29 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KOZLOWSKI, LEE J 6545 W STATE RD 44 LK PANASOFFKEE FL 33538				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, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHROEDER, DONALD E			1.2 NAME			
STREET ADDRESS	6545 W STATE RD 44			1.3 STREET ADDRESS			
CITY-ST-ZIP	LK PANASOFFKEE, FL 00000			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOZLOWSKI, LEE J			2.2 NAME			
STREET ADDRESS	6545 W STATE RD 44			2.3 STREET ADDRESS			
CITY-ST-ZIP	LK PANASOFFKEE, FL 00000			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHROEDER, RUBY M.			3.2 NAME			
STREET ADDRESS	6545 W STATE RD 44			3.3 STREET ADDRESS			
CITY-ST-ZIP	LK PANASOFFKEE, FL 00000			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHROEDER, NANCY J			4.2 NAME			
STREET ADDRESS	6545 W STATE RD 44			4.3 STREET ADDRESS			
CITY-ST-ZIP	LK PANASOFFKEE, FL 00000			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOZLOWSKI, SHARON M			5.2 NAME			
STREET ADDRESS	6545 W STATE RD 44			5.3 STREET ADDRESS			
CITY-ST-ZIP	LK PANASOFFKEE, FL 00000			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Donald E Schroeder DONALD E. SCHROEDER 2/24/98 352-748-2237

CR2E034 (10/97)