

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 14 AM 8:22

DOCUMENT # 555617 (O)

1. Corporation Name
SCHMALE REALTY, INC.

Principal Place of Business
**120 E. OAKLAND PARK BLVD.
SUITE 105
FORT LAUDERDALE FL 33334
US**

Mailing Address
**120 E. OAKLAND PARK BLVD.
SUITE 105
FT. LAUDERDALE FL 33334
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/13/1977** 3a. Date of Last Report **03/21/1994**

4. FEI Number **59-1955460** 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

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

9. Name and Address of Current Registered Agent
**SCHMALE, GAIL J
3500 GALT OCEAN DRIVE APT 2602
FT LAUD FL 33308**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **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 _____ DATE _____
(Signature of registered agent or person authorized to accept appointment as registered agent) (Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PST	SCHMALE, GAIL J.	3500 GALT OCEAN DRIVE	FT. LAUDERDALE FL
D	SCHMALE, GAIL J.	3500 GALT OCEAN DRIVE	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
1.1				☐	☐
1.2				☐	☐
1.3				☐	☐
1.4				☐	☐
2.1				☐	☐
2.2				☐	☐
2.3				☐	☐
2.4				☐	☐
3.1				☐	☐
3.2				☐	☐
3.3				☐	☐
3.4				☐	☐
4.1				☐	☐
4.2				☐	☐
4.3				☐	☐
4.4				☐	☐
5.1				☐	☐
5.2				☐	☐
5.3				☐	☐
5.4				☐	☐
6.1				☐	☐
6.2				☐	☐
6.3				☐	☐
6.4				☐	☐

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(a), Florida Statutes. I further certify that this 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 by me with that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of this form if changed, or not in attachment with an address.

SIGNATURE: Gail J. Schmale 3-8-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gail J. Schmale