**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 642186 1. Corporation Name

CITY-ST-ZIP

FREDERICK SCHILL & CO. OF FLORIDA, INC.

3. Date Incorporated or Qualified 10/18/1979  2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Corricted of Status Desired 2c. May Engure Intending May address 2c. Mailing Address (P.O. Box Number is Not Acceptable) 2c. Mailing Address (P.O. Box Number is Not Acceptable) 2c. Mailing Address (P.O. Box Number is Not Acceptable) 2c. Mailing Address (P.O. Box Number is Not Acceptable) 2c. Mailing Address (P.O. Box Number is Not Acceptable) 2c. Mailing Address (P.O. Box Number is Not Acceptable) 2c. Mailing Address (P.O. Box Number is Not Acceptable) 2c. Mailing Address (P.O. Box Number is Not Acceptable) 2c. Mailing Address (P.O. Box Number is Not Acceptable) 2c. Mailing Address (P.O. Box Number is Not Acceptable) 2c. Mailing Address (P.O. Box Number is Not Acceptable) 2c. Mailing Address (P.O. Box Number is Not Acceptable) 2c. Mailing Address (P.O. Box Number is Not Acceptable) 2c. Mailing Address (P.O. Box Number is Not Acceptable) 2c. Mailing Address (P.O. Box Number is Not Acceptable) 2c. Mailing Address (P.O. Box Number is Not Acceptable) 2c. Mailing Address (P.O. Box Number is Not Acceptable) 2c. Mailing Address (P.O. Bo	Principal Place									
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US    DNOT WRITE IN THIS SPACE		Y. EAST		17				•		
10/18/1979     2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   Not Applied For			US							
Principal Place of Business   2a, Melling Address   5. Principal Place of Status   2a   Not Applicable   Sulto, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Scriticate of Status Desired   S8.75 Additional Fee Required   Fee Require							•		ľ	
Suite, Apt. #, etc.   Scriticate of. Status Desired   \$8.75 Additional Fee Required									Applied Fee	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   27	2. Principal Pla	ace of Business	<b>├</b> ─┐					$\vdash$		
5. Certifacto of Status Desired		# -A-					58F1954822	\$8.7		
City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. This corporation owes the current year Intangle Property Tax.  Description of Property Tax.  JONES, WILLIAM E.  100, Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  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, 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, and accept the Obligations of, Section 607.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, 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 and accept the Obligations of, Section 607.0502, Florida Statutes, The above-named corporation's board of directors. I hereby accept the appointment as registered agent. I and accept the Obligations of, Section 607.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In an accept the Obligations of, Section 607.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In a florida Statutes, the above-named corporation's board of directors. I hereby accep		≠, etc.	,· · · ·				5. Certificate of Status Desired			
Zip   Country   Zip   Country   St. Trust Fund Contribution   Added to Fees							6 Election Campaign Financing			
Zip Country Zip Country Zip Country Zip Country R. This corporation owes the current year Intangible Personal Property Tax. It was not not	—, ·		<del>                                  </del>					• -	, ,	
9. Name and Address of Current Registered Agent  JONES, WILLIAM E.  10960 NW 41 DRWE //703 N, W. 48 STREET  CORAL SPRINGS FL 33065 33076  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, byend or pointed name of registered agent and still if applicable. (NOTE: Registered Agent signature required when reinstalling)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  JONES, WILLIAM E.  12 NAME  JONES, WILLIAM E.  12 NAME  JONES, WILLIAM E.  12 STREET ADDRESS  13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  CITY-ST-ZPP  CORAL SPRINGS FL  13 STREET ADDRESS  1703 N.W. 48 STREET  CORAL SPRINGS FL  14 CITY-ST-ZPP  CORAL SPRINGS FL  22 NAME  JONES, KATHLEEN M.  31 STREET ADDRESS  1703 N.W. 48 STREET  CITY-ST-ZPP  CORAL SPRINGS FL  13 ITILE  13 ITILE  13 ITILE  13 ITILE  13 ITILE  14 CITY-ST-ZPP  CORAL SPRINGS FL  14 CITY-ST-ZPP  CORAL SPRINGS FL  15 CORAL SPRINGS FL  15 CORAL SPRINGS FL  15 CORAL SPRINGS FL  16 Change  Addition  Change  Addition  ADDITIONS/CHANGES  1703 N.W. 48 STREET  CITY-ST-ZPP  CORAL SPRINGS FL  15		Country		Country		1	8. This corporation owes the current y	ear Intangible		
JONES, WILLIAM E.  10960 NW 41 DRIVE  CORAL SPRINGS FL 33065 33076  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 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, and accept the obligations of, Sections 607.0505, Florida Statutes.  SIGNATURE  Signature, lyped or printed name of registered agent and 396 if applicable.  NOTE: Registered Agent signature required when reinstalling)  DATE  12. OFFICERS AND DIRECTORS  TITLE  PURCHANGE  JONES, WILLIAM E.  1.3 TIRET ADDRESS  1.9060 N.W. 41 DRIVE  CORAL SPRINGS FL  1.5 TIRE TS  DELETE  1.1 TIRE  JONES, WILLIAM E.  1.2 NAME  JONES, KATHLEEN M.  2.3 STREET ADDRESS  1.70 3 N.W. 48 STREET  CORAL SPRINGS FL  CITY-ST-ZIP  CORAL SPRINGS FL  DELETE  3.3 TIREE  Addition  1.1 Change  Addition  Addition  Addition  Addition  Addition  Addition  AMAE  STREET ADDRESS  1.1 TIRE  3.2 NAME  3.3 STREET ADDRESS	24	25	29 30				Personal Property Tax.	XYes	□No	
JONES, WILLIAM E.  10966 NW 41 DRIVE CORAL SPRINGS FL 33065 33076  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 agent, and manifal raw th and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and acceptable)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  13. TITLE  14. CITY-ST-ZIP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. TITLE  17. DAVES, WILLIAM E.  12. NAME  13. TITLE  14. CITY-ST-ZIP  14. CITY-ST-ZIP  15. CORAL SPRINGS FL  14. CITY-ST-ZIP  15. CORAL SPRINGS FL  14. CITY-ST-ZIP  15. CORAL SPRINGS FL  16. CITY-ST-ZIP  17. CORAL SPRINGS FL  17. CORAL SPRINGS FL  18. CITY-ST-ZIP  18. CITY-ST-Z		9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Regis	stered Agent		
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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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatling)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE P DAME  JONES, WILLIAM E.  1.1 TITLE  JONES, WILLIAM E.  1.2 NAME  1.3 STREET ADDRESS  1.7 O.3 N.W. 48 STREET  CORAL SPRINGS FL  TITLE  TS  DELETE  1.1 TITLE  TS  DELETE  2.1 TITLE  TS  DELETE  2.1 TITLE  TS  DELETE  2.1 TITLE  TS  DELETE  3.1 TITLE  3.2 STREET ADDRESS  CITY-ST-ZIP  CORAL SPRINGS FL  TOPES  TOPES  CORAL SPRINGS FL  TOPES  TITLE  3.3 STREET ADDRESS  CITY-ST-ZIP  CORAL SPRINGS FL  TOPES  TITLE  3.3 STREET ADDRESS  CITY-ST-ZIP  CORAL SPRINGS FL  TITLE  3.3 STREET ADDRESS  CITY-ST-ZIP  CORAL SPRINGS FL  CORAL SPRINGS FL  TITLE  3.3 STREET ADDRESS  CITY-ST-ZIP  CORAL SPRINGS FL  CORA	JONES, WILLIAM E. 10960 NW 41 DRIVE: 1/703 N.W. 48 STREET			82	Street	Address	s (P.O. Box Number is Not Acceptable)	=3·VT		
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12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE P DELETE 1.1 TITLE P DELETE 1.2 NAME JONES, WILLIAM E.  STREET ADDRESS 1.2 N.W. 41 DRIVE 1.3 STREET ADDRESS 1.7 O.3 N.W. 48 STREET  TITLE TS DOES, KATHLEEN M.  STREET ADDRESS 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CORAL SPRINGS FL  TITLE TS DOES, KATHLEEN M.  STREET ADDRESS 1.3 STREET ADDRESS 1.7 O.3 N.W. 48 STREET  CITY-ST-ZIP CORAL SPRINGS FL  TITLE DELETE 2.1 TITLE STREET ADDRESS 1.7 O.3 N.W. 48 STREET  CITY-ST-ZIP CORAL SPRINGS FL  TITLE DELETE 3.1 TITLE 3.1 TITLE CORAL SPRINGS FL  TITLE DELETE 3.1 TITLE 3.1 STREET ADDRESS 3.1 STREET A	office or re agent. I an SIGNATURE	egistered agent, or both, in the State n familiar with, and accept the oblig	of Florida. Such change was auth ations of, Section 607.0505, Florida	a Statutes	tne corp	ooration s	s board of directors. I hereby accept the	е арропштели аз	registered	
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	STREET ADDRESS				TADORESS	s				

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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90168 040 \*\*\*150.00