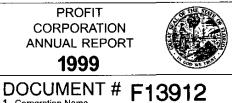
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90170 044 ***150.00

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SCHIEDEL HOLDINGS, INC.		
Principal Place of Business	Mailing Address	† 185168 det 11868 title feldt (1815 tib) Bibli Bielt Bielt afelt afelt ar
1000 PINE HOLLOW POINT RD.	1000 PINE HOLLOW POINT RD.	

ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714					DO NOT WRITE IN THIS SE	PACE		
					÷	3. Date Incorporated or Qualifed	7.02	
						01/05/1981		ì
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	TA	pplied For
21	ace of business	26				59-2048781	-	lot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				"	\$8.75	Additional
22	.,, 0.0.	27				5. Certificate of Status Desired		Required
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip				8. This corporation owes the current year Intang	gible	
24	25	29	30			Personal Property Tax.	Yes	□No
1	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Ag	ent	
			8	1	Name			
SCH	iedel, gerald		8	2	Street Addres	ss (P.O. Box Number is Not Acceptable)		-
2181	S TERRACEJ BLVD		"		Cubbi Addio	SO (1 .O. BOX Marines: Na Tree Trees plants)		
LON	GWOOD FL 32779		8	3				
			-	-	O't-		85 Zip	Code
			*	4	City	FL \	65 21	Code .
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abo	ve-	named corpor	ration submits this statement for the purpose of cha	anging it	s registered
l office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	t Florida. Such change was aut	(nonzea b	yτr	he corporation	's board of directors. I hereby accept the appointment	nent as i	egistered
1	II lamiliai with, and accept the obligati	ons of, Section 667.6565, Flori	ou olololo					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE, 8	Registered Ag	gent :	signature required	when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	:] Change	Addition
NAME	SCHIEDEL, GERALD F		1.2 NAME	E				
STREET ADDRESS	2181 S. TERRACE DR.		1.3 STRE	ETA	ADORESS			
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-	ST-	ZIP			
TITLE	DST DELETE		2.1 TITLE				Change	Addition
NAME	SCHIEDEL, ARLYS A		2.2 NAME	E				
STREET ADDRESS	2181 S. TERRACE DR.		2.3 STRE	ET A	ADDRESS			
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY		i	- · · · · · · · · · · ·		
TITLE	VD	☐ DELETE	3.1 TITLE				Change	Addition
NAME	SCHIEDEL, B. L.	_	3.2 NAME		1			
STREET ADDRESS	2191 S. TERRACE DR.		1		ADDRESS			·
	LONGWOOD FL		3.4. CITY					
CITY-ST-ZIP TITLE	VD	☐ DELETE	4.1 TITLE				Change	Addition
NAME	SCHIEDEL-MANN, ROXANNE		4. 2 NAM					
STREET ADDRESS	983 BUCKSAW PLACE				ADDRESS			
	LONGWOOD FL		4.4 CITY-		t			
CITY-ST-ZIP TITLE	LUNGWOOD FL	□ DELETE	5.1 TITLE		· £n-	Γ	Change	Addition
1			5.2 NAME		1	_	_ •	_
NAME					ADDRESS			
STREET ADDRESS			5.4 CITY-		1			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE		I''I DEFEIG	6.2 NAME			_	90	
NAME	1				*DODESC	w e- sign a		
STREET ADDRESS			5.3 STRE	_C A	ADDRESS			

14. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP