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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # (6)F18362 SCHAAFF, INC.

FILED Feb 02 1998 8:00am Secretary of State

Principal Place of Business Mailing Address) tamping ((2) ii 00) ifilm lilit mitte nitte tint filmi	Midis minii mentr nibil EiBil tubi
% ALFRED A SCHAAFF 3220 BENNETT STR NO						
3220 BENNET		ST PETERSBURG FL 33713			DO NOT WOLTEN	
ST. PETERSE	US			DO NOT WRITE IN T	HIS SPACE	
US					3. Date Incorporated or Qualified	
<u></u>					02/04/1981	
2. Principal F	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21		26			59-2220281	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Cettificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 мау Ве	
23		28		Trust Fund Contribution	Added to Fees	
Zip	······································		Countr	У	8. This corporation owes or has paid the	
24	25 29 30			-	Personal Property Tax due June 30.	☐ Yes ☐ No
	g Name and Address of Current	1 " Tala	-		10. Name and Address of New Registe	
00	· · · · · · · · · · · · · · · · · · ·		81	Name		
SCHAAFF, ALFRED A						
	20 BENNETT STREET NORTH	82 Street Ac		dress (P.O. Box Number is Not Acceptable)		
ST	. PETERSBURG FL 33713		<u></u>	<u> </u>		
			83	' [
			84	City		85 Zip Code
						FL
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State (! and 607.1508, Florida Statute of Florida, Such change was a	es, the abov	e-named co	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the	se of changing its registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statute	s.	ation a board or directors. Thereby according	appointment do registered
SIGNATURE						i i
Sidivatoria	Signature, typed or printed name of registered ager	at and title if applicable. (NOTE	Registered Ag	ent signature req	quired when reinstating)	TE TO THE TOTAL PROPERTY.
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	Ď	☐ DELETE	1.1 TITLE			Change Addition
NAME :	SCHAAFF, ALFRED A		1.2 NAME			
STREET ADDRESS			1.3 STREE	T ADDRESS		1
CITY-ST-ZIP	OT DETERMINE		1.4 CITY-			1'
TITLE	STD	DELETE 2.1 TI		31-211		Change Addition
1			•		• •	
NAME	DESCRIPTION OF THE PROPERTY OF		2,2 NAME			i
STREET ADDRESS			2.3 STREE	T ADDRESS		1
CITY-ST-ZIP			2. 4 CITY -	ST-ZIP		
TITLE	PD □ DELETE 3.1 TI		3.1 TITLE			☐ Change ☐ Addition
NAME	SCHAAFF, ALFRED A JR		3.2 NAME			
STREET ADDRESS	3220 BENNETT STR NO		3.3 STREET	T ADORESS		
CITY-ST-ZIP	ST PETERSBURG FL		3.4. CITY -	ST-ŽIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME		==-,=	4, 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY - 9	ST-ZIP		
TITLE		DELETE	5.1 TITLE	į		Change Addition
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET	T ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		_	6.2 NAME	1		
				ADDOCCO		
STREET ADDRESS			6.3 STREET	1		
CITY-ST-ZIP	and it is that the information and it is	h this filling days and available	6.4 CITY - S		a Section 110 07/9/0 Florida Stalitan 17 16	as and the that the
14. Inereby of indicated	serury inal the information supplied with on this annual report or supplemental	in unsiming does not quality for annual report is true and accu	rate exemp	nion stated ii at my signat	n Section 119.07(3)(i), Florida Statutes. I furthe ture shall have the same legal effect as if mad	# ceruly trial me intormation e under oath: that I am an

on this armost report or suppremental armost report is true and accurate and true my signature shall have the same legal effect as if made under oath; that I am a 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: