

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

FILED
May 01 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 # F37578 (4)
1. Corporation Name
SCHULTE KEMP & ST. JOHN, INC.



Principal Place of Business
% JOHN K SCHULTE
~~3571 NORTH PROSPECT DRIVE~~
~~MIAMI FL 33140~~

Mailing Address
% JOHN K SCHULTE
~~3571 NORTH PROSPECT DRIVE~~
~~MIAMI FL 33140~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 P.O. Box 432030		26 P.O. Box 432030		06/15/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 South Miami FL		27 South Miami FL		59-2109465	
City & State		City & State		Applied For	
23 33243-2030 USA		28 33243-2030 USA		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
Country		Country		8.75 Additional Fee Required	
24		25		6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Yes No	
				9. Name and Address of Current Registered Agent	
				10. Name and Address of New Registered Agent	

SCHULTE, JOHN K
~~3571 NORTH PROSPECT DRIVE~~
~~MIAMI FL 33140~~
9190 S.W. 57th Avenue
Miami, Florida 33156

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTE, JUDY H.	1.2 NAME	
STREET ADDRESS	3571 NORTH PROSPECT DR	1.3 STREET ADDRESS	9190 S.W. 57th Avenue
CITY-ST-ZIP	MIAMI, FLORIDA 33140	1.4 CITY-ST-ZIP	Miami, Florida 33156
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTE, JOHN K	2.2 NAME	
STREET ADDRESS	3571 NORTH PROSPECT DR	2.3 STREET ADDRESS	9190 S.W. 57th Avenue
CITY-ST-ZIP	MIAMI, FLORIDA 33140	2.4 CITY-ST-ZIP	Miami, Florida 33156
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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.

CR2E034 (10/97)