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Mailing Address

P O BOX 432030

SOUTH MIAMI FL 33243-2030

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F37578 1. Corporation Name

Principal Place of Business

SOUTH MIAM! FL 33243-2030

P O BOX 432030

SCHULTE KEMP & ST. JOHN, INC.

Sulte, Apt. #, etc. 27 Sulte, Apt. #, etc. 27 Sulte, Apt. #, etc. 27 City & State 27 City & State 28 Zip Country 27 Zip Country 38 Zip Country 39 Name and Address of Current Registered Agent 40 SCHULTE, JOHN K 9190 SW 57TH AVE 40 MAMIF FL 33156 18 SCHULTE, JOHN K 9190 SW 57TH AVE 40 19 11. Pursuant to the provisions of Socious 607.0502 and 607.1508. Florida Statutes, the above-named corporation sboard of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505. Plorida Statutes. SIGNATURE 50 SCHULTE, JOHN K 9190 SW 57TH AVE 40 11. Pursuant to the provisions of Socious 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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 50 SCHULTE, JUDY H. 12 NME 12	. Principal Pl	Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For		
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City & State City & State 28	Suite, Apt. #	#, etc.	⊢									
Zip	City & State	to .	ļ ·				e Floation Campaign Financing		\$5.00	May Bo		
9. Name and Address of Current Registered Agent SCHULTE, JOHN K 9190 SW 57TH AVE MIAMI FL 33156 11. Persuant 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 regist of agent. I am familiar with, and eccept the obligations of, Section 607 0505. Florida Statutes, SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTERE ADDRESS OTY-ST-ZP MIAMI FL 33156 14. City FL 85 Zip Code 14. City FL 85 Zip Code 15. Persuant 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 regist of agent. I am familiar with, and eccept the obligations of, Section 607 0505. Florida Statutes. SIGNATURE Signature, Typed or printed rance of registered agent and till of applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME 12. OFFICERS AND DIRECTORS IN 12 TIME 13. STREET ADDRESS OTY-ST-ZP MIAMI FL 33156 14. CITY-ST-ZP MIAMI FL 33156 14. CITY-ST-ZP MIAMI FL 33156 15. TIME 15. STREET ADDRESS MIAMI FL 33156 16. Change	28						Trust Fund Contribution		Added			
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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 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 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, with all pither like empowered.	4. I hereby of indicated officer or officer	on this annual report or supplemental a director of the corporation or the receive	innual report is true and accu er or trustee empowered to e:	rate and t xecute thi	tnat r is rep	my signature s port as require	snali nave tne same legal ellect as i	ii iiiaue unue	a yanı, dıa	t i am an		

SIGNATURE:

(305)

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90155 028 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

06/15/1981 4. FEI Number

Daytime Phone #