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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F38509 1. Corporation Name

SCHATZI INVESTMENT CO., INC.

SCHAIZI	INVESTMENT CO., INC.								
Principal Place	of Business	Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
30 ISLAND DR		30 ISLAND DR							
KEY BISCAYNE FL 33149		KEY BISCAYNE FL 33149			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualife	d	-	
						08/06/1981	_		
2. Principal Pla	ace of Rusiness	2a. Mailing Address				4. FEI Number			plied For
	ace of pushioss	26				59-2114126			t Applicable
Suite, Apt. #	etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	
2		27				C. Controlle of Clark		Fee Re	
City & State		City & State				6. Election Campaign Financing	g 🗀	\$5.00 Added t	
3	_	28				Trust Fund Contribution			o rees
Zip	Country	Zip		untry		8. This corporation owes the cu	urrent year Int	angible Yes	□No
4	25	29	30			Personal Property Tax. 10. Name and Address of New	Penistered		
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New	r rtogistorou		
	MA OVERNEY C			"					
IKAU	jm, sydney s Brickell ave #1000 flagshii	D CENTED		82	Street Add	ress (P.O. Box Number is Not Acce	ptable)	•	}
		r CENTEN		83			2 2 4 24	1 1 1 2 5	1. 64. 2.2
MIAN	AI FL 33131			03			16, 7		4.
				84	City		FL	85 Zip	Code
						the submite this statement for the	ho nurnoco of	changing its	registered
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida S	itatutes, the a as authorize	above ed by t	-named corp the corporati	ion's board of directors. I hereby acc	cept the appo	intment as re	gistered
office or re agent. I ar	egistered agent, or both, in the state in familiar with, and accept the obliga	tions of, Section 607.0505	i, Florida Sta	tutes		red when reinstating)	DATE	<u> </u>	
office or re agent. I ar SIGNATURE	agistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agen	tions of, Section 607.0505	i, Florida Sta	tutes.			DATE	ND DIRECTO	DRS IN 12
office or reagent. I an SIGNATURE	ogistered agent, or both, in the State in familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN	tions of, Section 607.0505	, Florida Sta	tutes.		red when reinstating)	DATE	<u> </u>	
office or reagent. I ar SIGNATURE 12.	ogistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AN	nt and title if applicable.	(NOTE: Registere 13	tutes.		red when reinstating) ADDITIONS/CHANGES TO (DATE	ND DIRECTO	DRS IN 12
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SIGNATURE

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 of trustee employered 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 affactorient with an address, with all other like empowered.

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90059 050 ***150.00