

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Macknam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 8:13

DOCUMENT # **F93000003905 (7)**

1. Corporate Name

**SCHLEIDER SALES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
22268 HOLLYHOCK TRAIL 215 DUNKIRK BLDG., 2 DUNMAN WAY BOCA RATON FL 33433 US		22268 HOLLYHOCK TRAIL 215 DUNKIRK BLDG., 2 DUNMAN WAY BOCA RATON FL 33433 US		08/27/1993	05/01/1994
21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable		
22. 22268 Hollyhock Trail	27. 22268 Hollyhock Trail	52-1578133			
23. City & State	26. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
25. County	30. County	8. This corporation has liability for intangible tax under S. 199.032, Florida Statute.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
SCHLEIDER, MARSHA 22268 HOLLYHOCK TRAIL BOCA RATON FL 33433		81. Name			
		82. Street Address (P.O. Box Number is Not Acceptable)			
		83. City			
		84. State	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.05(1), and 607.05(2) 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 607.05, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPS SCHLEIDER, MARSHA 22268 HOLLYHOCK TRAIL BOCA RATON FL 33433	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	
TITLE	VT SCHLEIDER, EDMUND 22268 HOLLYHOCK TRAIL BOCA RATON FL 33433	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY & STATE		8. CITY & STATE	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY & STATE		16. CITY & STATE	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY & STATE		20. CITY & STATE	

14. I hereby certify that the information supplied with this filing is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes. I further certify that the information included in this filing complies with the requirements of the Florida Statutes and that the corporation shall have the same legal effect as if made under oath. That signatories shall be liable for the consequences of the information being provided to comply with the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of this filing's report as an authorized signatory.

SIGNATURE: *Marsha Schleider* MARSHA SCHLEIDER 4/29/95 (407) 368-6169