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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # F93000003905

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90224 023 ***150.00

SCHLEID	er sales, inc.								
Principal Place	e of Business	Mailing Address				- FINBUND HER INION FUEL MUSIC MANUS I		, 1188 11418 18111 6	- 4 141 8111 1881
22268 HOLLYHO 22268 HOLLYHO BOCA RATON F	OCK TRAIL OCK TRAIL	22268 HOLLYHOCK TRAIL 22268 HOLLYHOCK TRAIL BOCA RATON FL 33433			DO NOT WRITE IN THIS SPACE				
US		U\$				3. Date Incorporated or Qualifed 08/27/1993			1
O Driveriant O	ace of Business	2a. Mailing Address				4. FEI Number		Apr	olied For
2. Philicipal Pi	ace of business	26. Walling Address	¬			52-1578133			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					<u> </u>	\$8.75 A	
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added to	Fees
Zip 24	Country 25	Zip 29	Country 30			This corporation owes the current Personal Property Tax.	t year Inta		□No
	9. Name and Address of Currer	t Registered Agent				10. Name and Address of New Reg	istered A	gent	
ecu.	LEIDED MADOUA		8	1 Na	me				
SCHLEIDER, MARSHA 22268 HOLLYHOCK TRAIL			8	82 Street Address (P.O. Box Number is Not Accept			e)		
BOC	A RATON FL 33433		8	3				,	
			8	4 City	,		FL	85 Zip C	ode
office or re agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	itions of, Section 607.0505, Flor	ida Statute	es.		n's board of directors. I hereby accept t when reinstating)	DATE	unent as reg	
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFIC	CERS AN		
TITLE	CPS	☐ DELETE	1 1 TITLE		-			☐ Change	☐ Addition
NAME	SCHLEIDER, MARSHA		1.2 NAME		i				
STREET ADDRESS	22268 HOLLYHOCK TRAIL			ET ADDR	ESS				ţ
CITY-ST-ZIP	BOCA RATON FL	☐ DELETÉ	1.4 CITY- 2.1 TITLE		-		_	Change	Addition
TITLE NAME	vt Schleider, Edmund	U Vecere	2.2 NAME			•		_ ,	_
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL			-ST-ZIP		<u> </u>		_	
TITLE		☐ DELETE	3.1 TITLE				w	☐ Change	- DAWING
NAME			3.2 NAMI	E					
STREET ADDRESS			3.3 STRE	ET ADDR	ESS				
CITY-ST-ZIP				3.4. CITY-ST-ZIP				☐ Change	Addition
TITLE		☐ DELETÉ	4.1 TITLE					☐ Gliange	
NAME			4. 2 NAM	ET ADOR	500				
STREET ADDRESS			4.4 CITY		233				ļ
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME		_	5.2 NAM						ł
STREET ADDRESS			5.3 STRE	ET ADDR	ESS				
CITY-ST-ZIP			5.4 CITY						
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME			6.2 NAM	E					1

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 fustee 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 other like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS