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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G52502

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23] 28			····		5. Certificate of Status Desired	
Zip Country Zip 28 30 Section owns or has paid the current year Intangible Personal Property Tax due June 30 X Yes No	<u> </u>	te			· · · · · · · · · · · · · · · · · · ·	
Personal Proporty Tax due June 30.		Country	· · · · • · · · · · · · · · · · · · · ·	On min		
SCHNEPP, HARRIET 933 GARDENIA DRIVE DELRAY BEACH FL 33483 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 agent, or both, in the State of Florida State change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0502, Florida Statutes SIGNATURE Signature lipide in predict mane of registered agent and this if registered agent (NOTE Registered Agent signature special mane of registered agent and this if registered agent and this if registered Agent signature required when remaining DATE 12. OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DP	-	} ———	<u>1</u>	· - ·		
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933 GARDENIA DRIVE DELRAY BEACH FL 33483 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.05.05, Florida Statutes. SIGNATURE Signature, bysed or partiod name of registered agent and the it imple also OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP DUETE 11 TITLE DP DUETE 11 TITLE SCHNEPP, C. MADISON 12 NAME SCHNEPP, C. MADISON 13. SHEEL ADDRESS DIY-ST-ZIP DELRAY BEACH FL 14. CIY-SI-ZIP TITLE VOS 14. CIY-SI-ZIP TITLE VOS 15. SHEEL ADDRESS SCHNEPP, HARRIET 22 NAME SIREEL ADDRESS SCHNEPP, HARRIET 22 NAME SCHNEPP, HARRIET 22 NAME SCHNEPP, HARRIET 22 NAME SCHNEPP, HARRIET 23 SHEEL ADDRESS DELRAY BEACH FL 24 CIY-SI-ZIP DELRAY BEACH FL 25 NAME 25 SCHNEPP, HARRIET 26 NAME 26 SCHNEPP, HARRIET 27 NAME 28 SCHNEPP, HARRIET 28 NAME 28 SCHNEPP, HARRIET 28 NAME 28 SCHNEPP, HARRIET 29 NAME 20 STREEL ADDRESS CIY-SI-ZIP DELRAY BEACH FL 20 NAME 20 STREEL ADDRESS 21 STREEL ADDRESS 22 NAME 23 SHEEL ADDRESS 24 CIY-SI-ZIP DELRAY BEACH FL 24 CIY-SI-ZIP DELRAY BEACH FL 25 NAME 26 NAME 27 STREET ADDRESS 27 STREET ADDRESS 27 STREET ADDRESS 28 SHEET ADDRESS 29 STREET ADDRESS 28 SHEET ADDRESS 28 SHEET ADDRESS 28 SHEET ADDRESS 28 SHEET ADDRESS 29 STREET ADDRESS 29 STREET ADDRESS 29 STREET ADDRESS 29 STREET ADDRESS 20 SHEET ADDRESS 29 STREET ADDRESS 20 SHEET ADDRESS 21 SHEET ADDRESS 22 SHEET ADDRESS 23 SHEET ADDRESS 24 CIY-SI-ZIP	SC			81 Name		
DELRAY BEACH FL 33483 83 64 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed repetited agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DP DLETE 11 TITLE DP SCHNEPP, C. MADISON 12 NAME SCHNEPP, C. MADISON 13 SHEET ADDRESS DELRAY BEACH FL 14 CITY-ST-ZIP DELRAY BEACH FL 22 NAME STREET ADDRESS 933 GARDENIA DRIVE 22 NAME STREET ADDRESS 933 GARDENIA DRIVE DELRAY BEACH FL 22 NAME STREET ADDRESS 933 GARDENIA DRIVE DELRAY BEACH FL 24 CITY-ST-ZIP				R2 Street Add	Proce (P.O. Roy Number is Not Acceptable)	
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14. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.

6.4 CHY - S1 - 702

CITY-ST-ZIP

FILED

Jan 20 1998 8:00am

Secretary of State