## FILE NOW: FILING FEE AFTER MAY 18Y IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

G64252

(1)

LOUIS SCHLITT, INC.

FILED	
Apr 16 1998 8:00an	1
Secretary of State	



					\$181 3131 218A 218H 2101 100
Principal Place of Business Mailing Address					216it 615it 616it 616it 616tt (65t
1717 INDIAN RIVER BLVD 1717 INDIAN RIVER BLVD					
8TE 300 VERO BCH FL 32960		STE 300		DO NOT WRITE IN THIS SPACE	
AGMO BOLL	FL 32900	VERO BOH FL 32980		3. Date Incorporated or Qualified	
				10/10/1983	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2326436	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
27		27		5. Certificate of Status Desired	Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	<b>\$5.00</b> Mạy Be
23		28	0	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible  ☐ Yes ☐ No
24	25 9. Name and Address of Curre		30	Personal Property Tax due June 30.  10. Name and Address of New Registers	
		in riegistereo Agent	81 Name	10. Harris and Addition of Harri Hogiston	ou rigotti
	CHLITT, LOUIS L.				
1717 INDIAN RIVER BLVD			62 Street Ad	dress (P.O. Box Number is Not Acceptable)	
STE 300 VERO BEACH FL 32960			83		
<b>"</b>	ENO DENOTIFE 32900				
			84 City	F	85 Zip Code
11. Pursuan	t to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-named co	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	
office or	r regi <b>st</b> ered agent, or both, in the State am familiar with, and accept the obliq	e of Florida. Such change was au pations of, Section 607,0505. Flor	ithorized by the corpor ida Statules.	ation's board of directors. I hereby accept the a	appointment as registered
SIGNATURE		,			
SIGNATORE	Signature, typod or pented name of registered as	ent and the Papplicable (NOTE	Registered Agent signature req		
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	∟ DEL <b>ete</b>	1.1 TITLE		Change Addition
NAME	SCHLITT, LOUIS L		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL	DELETE	1.4 CITY- ST-ZiP 2.1 TITLE		Change Addition
TITLE	SCHLITT, KATHERINE A		2.2 NAME		
NAME Street address	ARAM INIDIANI DI CO DI LO		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL		2. 4 CITY-ST-ZIP	ı	
TITLE	TENO BONTE	DELETE	3.1 TITLE		Change Addition
NAME		<del></del>	3.2 NAME		
STREET ADDRESS	<u>.</u>		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST- ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	s		4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	. 5.1 TITLE		Change Addition
NAME			5.2 NAME		-
STREET ADDRESS	s		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change  Addition
NAME	1 :		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP	in Section 119 07/3)(i) Florida Statutes I further	and the state of t

4. 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 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.

DIGHTHER YOLL : A MALL WALLENING A SOUTH MODE (54) 562 488