

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE,
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90003 035 ***150.00

DOCUMENT # G64252

1. Corporation Name
LOUIS SCHLITT, INC.

Principal Place of Business

1717 INDIAN RIVER BLVD
STE 300
VERO BCH FL 32960

Mailing Address

1717 INDIAN RIVER BLVD
STE 300
VERO BCH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1983

4. FEI Number

59-2326436

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

~~SCHLITT, LOUIS L~~ KATHERINE A. SCHLITT
1717 INDIAN RIVER BLVD
STE 300
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name

KATHERINE A. SCHLITT

82 Street Address (P.O. Box Number is Not Acceptable)

1717 INDIAN RIVER BLVD

83

SUITE 300

84 City

VERO BEACH

FL

85 Zip Code

32960

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 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME SCHLITT, LOUIS L
STREET ADDRESS 1717 INDIAN RIVER BLVD
CITY-ST-ZIP VERO BCH FL

TITLE S ☐ DELETE

NAME SCHLITT, KATHERINE A
STREET ADDRESS 1717 INDIAN RIVER BLVD
CITY-ST-ZIP VERO BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P
KATHERINE A. SCHLITT
1717 INDIAN RIVER BLVD., SUITE 300
VERO BEACH FL 32960

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

S
LOUIS L. SCHLITT
1717 INDIAN RIVER BLVD., SUITE 300
VERO BEACH FL 32960

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

KATHERINE A. SCHLITT

3/30/99

(561)

567-1188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0117213

CR2E034 (11/98)