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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G75894

1. Corporation Name

Principal Place of Business

SCHATT INVESTMENT CORPORATION

1251 SW 43RD PLACE OCALA FL 34474 US		1251 SW 43RD PLACE OCALA FL 34474 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/23/1983				
Principal Place of Business 2a. Mailing Address						4. FEI Number			App	lied For
21		26				59-2369478				Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		•		ditional
22		27						Fe	e Req	uired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution			ded to	Fees
Zip	Country	Zip	Country	Country		8. This corporation owes the curre				٦.,
24	25	29 30	<u>) </u>			Personal Property Tax.		Yes		□No
	9. Name and Address of Curren	t Registered Agent	-			10. Name and Address of New R	egistered A	gent		
ecu	ATT IAMES :		81	Na	ame					ļ
SCHATT, JAMES 1251 SW 43RD PLACE			82	82 Street Address (P.O. Box Number is Not Acceptable)						
	LA FL 34474		83							
			84	l Cit	ity			85	Zip C	ode
							<u>FL</u>			
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 ager	ot and title if applicable. (NOTE: Re	gistered Age	ent sign	nature required who	en reinstating)	DATE			Ì
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	ICERS AND	DIRE	CTO	RS IN 12
TITLE	P	☐ DELETE	1.1 T/LE					Cha	ange	Addition
NAME	SCHATT, ESTHER PENNY		1.2 NAME							l.
STREET ADDRESS	YACHT CLUB RD POB 37		t.3 STREE	ET ADD	RESS					
CITY-ST-ZIP	EAST LAKE WEIR, FL 00000		1.4 CITY-S	ST-ZIP	,					
TITLE	٧	☐ DELETE	2.1 TITLE					☐ Cha	ange	☐ Addition
NAME	SHIM, MARTHA ABBOTT		2.2 NAME							
STREET ADDRESS	2473 OAKLEIGH COURT		2.3 STREE	ET ADD	RESS					
CITY-ST-ZIP	-ATLANTA, GA 00000	, and the Application of	2.4 CITY-	ST-ZIP	·	•				
TITLE	TS	☐ DELETE	3.1 TITLE			**		Cha	ange	Addition
NAME	SCHATT: JAMES H		3.2 NAME							
STREET ADDRESS	1251 SW 43RD PLACE		3.3 STREE	ET ADD	RESS					
CITY-ST-ZIP	OCALA FL		3.4, CITY-	ST-ZIP	,					
TITLE		☐ DELETE	4.1 TITLE					Cha	ange	☐ Addition
NAME :			4. 2 NAME	£						į
STREET ADDRESS			4.3 STREE	ET ADD	RESS					
CITY-ST-ZIP			4.4 CiTY-S	ST-ZIP	,	-				
TITLE		☐ DELETÉ	5.1 TITLE					Cha	ange	☐ Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	ET ADD	RESS					
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP	·					
TITLE		☐ DELETE	6.1 TITLE					☐ Cha	ange	☐ Addition
NAME			6.2 NAME							
	アンチャー 気がむし、		6.3 STREE	ET ADD	RESS					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP 12 TO THE TOTAL TO THE

STREET ADDRESS 7

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90101 034 ***150.00