| FILE  | NOW: FILING FE                                 | E AFTER MAY 1 I  | S \$225.  | .00                          |  |                                      |   |
|---|--|--|---|------------------------------|--|--------------------------------------|---|
| PROFIT CORPORATION ANNUAL REPORT 1996       |  | Sandra<br>Secreta  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |                              |  |                                      |   |
| DOCUN<br>1. Corporation                     | MENT # HO34                                    | 110 (8)  |   |                              |  |                                      |   |
|   | T H. SCHOTT, P.A.                              |  |   |                              |  |                                      |   |
| Principal Place of Business Mailing Address |  |  |   |                              | ( 10010)) Ditt obige tillt Gige: eibil   | <b>46</b> 11 <b>41911 41911 1</b> 11 |   |
| 872 SW COL                                  |  | 872 SW COLORADO A<br>STUART FL 34994   | VE  |                              |  |                                      |   |
|   |  |  |   |                              | 3. Date Incorporated or Qualified 05/14/1984                                       | 3s. Date of 01/1                     | Last Report<br><b>8/1995</b>                  |
| 2. Principal Pla                            | ice of Business                                | 2a. Mailing Address  |   |                              | 4. FEI Number  |                                      | Applied For                                   |
| 21  |  | 26   |   |                              | 59-2417160   |                                      | Not Applicab                                  |
| Suite, Apt. #                               | ŧ, etc.  | Suite, Apt. #, etc.  |   |                              | 5. Certificate of Status Desired   |                                      | 8.75 Additional<br>Fee Required               |
| City & State                                |  | City & State   | · ··-   |                              | 6. Election Campaign Financing   |                                      | \$5.00 May Be                                 |
| 23  |  | 28   |   |                              | Trust Fund Contribution  |                                      | Added to Fees                                 |
| Zip   | Country  | Zıp  | Country   |                              | 8. This corporation has liability for  |                                      | nders 199.032,                                |
| 24  | 25   | 29   | 30  |                              | Florida Statutes Yes  10. Name and Address of New F                                | □ No                                 |   |
|   | 9. Name and Address of Cu                      | rrent Registered Agent   | 81  | Name                         | 10. Name and Address of New P  | egistereu Agt                        | 3114  |
| 0011047                                     | PARENT II                                      |  | 82  |                              |  |                                      |   |
| SCHOTT, ROBERT H.<br>872 SW COLORADO AVE    |  |  |   | Street Add                   | uddress (P.O. Box Number is Not Acceptable)  |                                      |   |
| STUART FL 34994                             |  |  |   |                              |  |                                      |   |
| SIOAIII                                     | 1 L 04004                                      |  | 84  | City                         |  |                                      | 35 Zip Code                                   |
|   |  |  | į.  |                              |  | FL                                   |   |
| l or reaister                               | ed agent, or both, in the State of             | 0502 and 607,1508, Florida Statut<br>Florida. Such change was authoriz<br>Section 607.0505, Florida Statutes | ea by the corp  | named corpo<br>oration's boa | ration submits this statement for the puring of directors. I hereby accept the app | rpose of changi<br>pintment as reg   | ng its registered off<br>pistered agent. I am |
| SIGNATURE                                   | Signature, typed or printed name of registered | errel end till, if e releane   | OTE Registered Ager   | ot signature require         | v1 whoc rejectal co)   | DATE                                 |   |
| 12.   |  | S AND DIRECTORS  | 13,   | it against require           | ADDITIONS/CHANGES TO OFF   | ICERS AND DI                         | RECTORS IN 12                                 |
| TITLE                                       | PVS  | ☐ DELETE   | 1. 1 TITLE  |                              |  |                                      | Change  |
| NAME  | SCHOTT, ROBERT H.                              |  |   |                              |  |                                      |   |
| STREET ADDRESS                              | THE OIL ALL ALPROPORTED DATE                   |  | 1.3 STREET  | ADDRESS                      |  |                                      |   |
| CITY - ST - ZIP                             | PALM CITY FL                                   |  | 1.4 CiTY - 5  | ST - ZIP                     |  |                                      |   |
| TITLE                                       | TD   | DELETE   | 2. 1 TITLE  |                              |  |                                      | Change [] Additio                             |
| NAME  | SCHOTT, ROBERT H.                              |  | 2 2 NAME  |                              |  |                                      |   |
| STREET ADDRESS                              | 776 SW ALL AMERICAN                            | BLVD   | 2.3 STREET  | ADDRESS                      |  |                                      |   |

of changing its registered office nent as registered agent. I am (12/95)IS AND DIRECTORS IN 12 Change Addition CR2E034 Change Addition PALM CITY FL 24 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 3 1 TITLE 32 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 4. 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STHEET ADDRESS 4.4 CITY - ST - ZIP CHY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5 2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CHIY - S1 - ZIP ☐ Change ☐ Addition DELETE 6 1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual appears it true and accurate and that my signature shall have the same legal effect as if made under early; that I am an officer or director of the compression or the receiptment trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charges are also beginning and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further early signature shall have the same legal effect as if made under early signature shall have the same legal effect as if made under early signature shall have the same legal effect as if made under early signature shall have the same legal effect as if made under early signature shall have the same legal effect as if made under early signature shall have the same legal effect as if made under early signature shall have the same legal effect as if made under early signature shall have the same legal effect as if made under early signature shall have the same legal effect as if made under early signature shall have the same legal effect as if made under early signature shall have the same legal effect as if made under early signature shall have the same legal effect as if made under early signature shall have the same legal effect as if made under early signature shall have the same legal effect as if made under early signature shall have the same legal effect as if made under early signature shall have the same legal effect as if the same early signature shall have th

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 1996 (407) 287-7202

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees