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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H03410

(8)

ROBERT H. SCHOTT, P.A.

Mailing Address

Principal Place of Business

FILED
Apr 29 1997 8:00am
Secretary of State



872 SW COLORADO AVE STUART FL 34994			872 SW COLORADO AVE STUART FL 34994-3020				
					3. Date Incorporated or Qualified 05/14/1984	3a. Date of Last F 04/25/1996	Report
	lace of Business	2a. Mailing Addre	SS		4. FEI Number		pplied For
21		26			59-2417160	N	ot Applicable
Suite, Apt		Suite, Apt. #, €	etc		5. Certificate of Status Desired	1 1 ' '	Additional equired
Cily & Slati	0	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Ζφ 24	25 29			ry		Yes 🔲 No	s. 199.032,
	9. Name and Address of C	urrent Registered Agent		.1	10. Name and Address of New Reg	Istered Agent	
	OTT, ROBERT H.		18	1 Name			
872 SW COLORADO AVE STUART FL 34994			E	2 Street Add	dress (P.O. Box Number is Not Acceptabl	θ)	
			6	3			
			E	4 City		FL 85 Zip	Code
office or re	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	State of Florida, Such chang	e was authorized.	by the cornors	poration submits this statement for the pu ation's board of directors. I hereby accept	urpose of changing i I the appointment as	ts registered registered
SIGNATURE	.						
	Signature, typind or printed name of registr			igent signature requ	ired when reinstating)	DATE	20.01.10
12.	PVS	S AND DIRECTORS DEL	13.	 	ADDITIONS/CHANGES TO OFFICE	Change	AS IN 12 Addition
NAME	SCHOTT, ROBERT H.	DCL				L Change	Адоноп
	776 SW ALL AMERICAN I	RI VO	1.2 NAM				
STREET ADDRESS	PALM CITY FL	<i>-</i>		ET ADDRESS			
CITY+SI+ZIP TITLE	TO TO	DEL		-ST-ZIP		Change	Addition
NAME	SCHOTT, ROBERT H.	Special Division	2.2 NAM			C cuange	LI Addition
STREET ADDRESS	776 SW ALL AMERICAN I	BLVD		ET ADDRESS			
CITY - ST - ZIP	PALM CITY FL			-ST-ZiP			
Tille		DEL.				Change	Addition
NAME		and par	3.2 NAM			c.vgo	IDG/(ID(I
STREET ADDRESS				ET ADDRESS			
CITY - ST - 7IP				-SI-ZIP			
भार		DEL				Change	Addition
NAME			4. 2 NA				
STREET ADORESS				ET AODRESS			
CITY - S1 - 7IP				- \$T - ZIP			
THE		☐ DEL				☐ Change	Addition
NAME			5.2 NAM				
STREET ADORESS				ET AODRESS			
CITY - \$1 - 7IP				-ST-ZIP			
THE		☐ DEL				Change	Addition
NAME			6.2 NAM			•	_ '
STREET ADDRESS				ET AODRESS			
CITY ST-7IP				- ST- ZIP			
1	u could that the information of	mating with this filing does no			d in Pastion 110 07(3)(i) Florida Ctatidae	14.46	

I do 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 attacker of with an address.

SIGNATURE:

4/15/97

(561) 287-7202