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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

J18333

(1)

PAUL M. SCHREIN, INC.

FILED
Apr 30 1998 8:00am
Secretary of State



Principal Place of Business		Mailing Address				: - : - : - : - : - : - : - : - : -	· -	
% PAUL M. SCHREIN		% PAUL M. SCHR	EIN					
10831-165TH RDN.		10831-165TH RDN	l .		DO NOT MIDITE IN THIS SOME			
JUPITER FL 33478		JUPITER FL 33478			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
					06/09/1986			
	lace of Business	2a. Mailing Addres	\$		4. FEI Number Applied For			
21		26			59-2713413		lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27					Required	
City & State		City & State	City & State		6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zφ	Countr	у	8. This corporation owes or has paid the cur			
24	25	29	30		Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curr	rent Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registered	Agent		
SC	HREIN, PAUL M.		81	Name				
10831-165TH RD.,N.				Street Add	eet Address (P.O. Box Number is Not Acceptable)			
	PITER FL 33478		82		areas (Fig. Box Harrison to Harrisophia)			
30 1	TIGHT I L GOTTO		83	1				
			ļ	ļ <u>.</u>	<u>.</u>			
			84	City	FL	85 Zip	Code	
44 Durament	to the provisions of Spelions 607.0	1602 and 607 1508 Florida	Statutos the abou	n named co	rporation submits this statement for the purpose of	changing	ite registered	
office or r	egistered agent, or both, in the Sta	ate of Etorida. Such chance	was authorized h	v the carpor:	ation's board of directors. I hereby accept the app	ointment a	s registered	
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.05	605, Florida Statute	S .				
SIGNATURE								
40	Signature, typed or pointed name of registered	AND DIRECTORS	(NOTE Hegistered Ag	eri signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIDECTO	DS IN 12	
12.		DELE			ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	
	PD					onlinge	rodinon	
NAME	SCHREIN, PAUL M.		1.2 NAME					
STREET ADDRESS	10831-165TH RD.,N.		1.3 STREE	1 ADDRESS				
CITY-ST-ZIP	JUPITER FL		1.4 CiTY-	S1 - ZIP		1 0	1 1 4 3 100	
TITLE	8TDV	☐ DELE	TE 21 TITLE			Change	Addition	
NAME	SOFTICITY OSCITICE II		2 2 NAME					
STREET ADDRESS	10831-165TH RD.,N.		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	JUPITER FL		2 4 City-	ST-ZIP				
TITLE		DELE	TE 31 TITLE			Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3 3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. C(TY-	SI-ZIP				
TITLE		DE.LE				Change	Addition	
NAME			4. 2 NAMI					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP			4.4 CITY-	i				
TITLE		DELE		01.11		Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		T original to the second secon	5.4 CITY	ST-ZIP		Chacas	Addition	
TITLE		☐ DELE				Change	L Addition	
NAME			6.2 NAME	1				
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY-					
44 1 hazabetta	and the their the information or well as	Luith this films sloss not su	salify for the every		in Section 110 07/3V() Florida Statutes, Lituriber of	etifu that th	a information	

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 eath; 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 altachment with an address.