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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)

PAUL F. SCHNFIDER, P.A.

FILED May 11 1998 8:00am Secretary of State

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Zip Country Zip Country Zip Country Registered Agent Statutes. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SCHNEIDER, PAUL F. 200 S. PINE ISLAND RD. 4208 PLANTATION FL 33324 83 84 City FL 85 Zip Code 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 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 familier with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or punied name of registered agent agent and file if applicable (NOTE Registered Agent agent agent) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE SIRRET ADDRESS 200 S. PINE ISLAND RD. #206 13. SIRRET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition 14. City-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition
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SCHNEIDER, PAUL F. 200 S. PINE ISLAND RD. #208 PLANTATION FL 33324 84 City FL 85 Zip Code 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 agent. I am familier with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or printed name of registring agent and life if applicable (NOTE Registered Agent aignature required when reinstating) DATE
200 S. PINE ISLAND RD. #208 PLANTATION FL 33324 83 84 City FL 85 Zip Code 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent algorithment required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 11 TITLE Change Addition NAME SCHNEIDER, PAUL F. 12 NAME STREET ADDRESS 200 S. PINE ISLAND RD. #206 13 STREET ADDRESS CITY-SI-ZIP PLANTATION FL DELETE 21 TITLE Change Addition
200 S. PINE ISLAND RD. #208 PLANTATION FL 33324 84 City FL 85 Zip Code 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 punied name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE PD OFFICE RS AND DIRECTORS 11. ITILE SCHNEIDER, PAUL F. STREET ADDRESS CITY-SI-ZIP TITLE DELETE 1.1 ITILE Change Addition
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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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Signatur
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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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE SCHNEIDER, PAUL F. 200 S. PINE ISLAND RD. #206 1.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.4 CITY-ST-ZIP TITLE DELETE 1.4 CITY-ST-ZIP TITLE Change Addition
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SIGNATURE Signature, typed or printed name of registricid agent applicable (NOTE: Registered Agent aignature required when reinstating) DATE
Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent eignature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD LITTLE SCHNEIDER, PAUL F. 12 NAME STREET ADDRESS 200 S. PINE ISLAND RD. #206 13 STREET ADDRESS CITY-ST-ZIP PLANTATION FL 1.4 CITY-ST-ZIP TITLE 2.1 TITLE 2.1 TITLE 2.1 TITLE ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 2.1 TITLE 2
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.4 Liberaby certify that the information supplied with this filips does not qualify for the exemption stated in Section 1.19.07(3V()) Florida Statutes. I further certify that the information

I nereby 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 informatio 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.

SIGNATURE: