FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** 4 HARTHADE LAIMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISON DEL SPROPATIONS 1996 **DOCUMENT #** Corporation Name TED SCHMIDT & ASSOCIATES, INC. Principal Place of Business Mailing Address 2149 N.E. 63RD STREET 2149 N.E. 63RD STREET FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 3. Date Incorporated or Qualified 3a. Date of Last Report 08/17/1987 04/07/1995 2. Principal Place of Business 2a. Mailing Address 4. FET Number 21 6278 N. FEDERAL HUG. 26 6278 N. FEDERALHWY. Applied For 65-0004919 Not Applicable Suite, Apt. #, etc. Suite & 274 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032. USA ☐ Yes ☐ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SCHMIDT, TED Street Address (P.O. Box Number is Not Acceptable) 82 2149 N.E. 63RD STREET FT. LAUDERDALE FL 33308 83 City 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 familiar with port accept the poligations of Sections 607,0502 and 607,1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office familiar with port accept the appointment as registered agent. I am SCHMIN SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (12/95) TITLE DELETE 1 THE Change Addition SCHMIDT, TED NAME 1.2 NAME 2149 N.E. 63RD STREET STREET ADDRESS 13 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 1.4 CHY-ST-ZIP TITLE DECETE 2 1 10 LE Change ☐ Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 DITY - ST - Z-P THILE DELETE 3 1 TallE Change noithbh 🔲 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 (01Y - ST - ZIP TITLE DELETE 4.1 THEF Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-Ziff 4.4 City - \$1 - ZiP TITLE DELFTE 5 1 DILE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY - ST - ZIP TITLE DELETE 6 1 HHE ☐ Change ☐ Addition NAME € 2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 suppliermental and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further cath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 64 C TY-ST ZIP FOSCHMIDT YMIGE SIGNATURE: