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FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J88812 (9)

1. Corporation Name
TED SCHMIDT & ASSOCIATES, INC.



Principal Place of Business

6278 N FEDERAL HWY
SUITE 274
FT. LAUDERDALE FL 33308
US

Mailing Address

6278 N FEDERAL HWY
SUITE 274
FT. LAUDERDALE FL 33308-1916
US

3. Date Incorporated or Qualified
08/17/1987

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

21 901 Winding River Road
Suite, Apt. #, etc.

2a. Mailing Address

26 901 Winding River Road
Suite, Apt. #, etc.

4. FEI Number

65-0004919

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

City & State

23 Vero Beach, FL 32963

City & State

28 Vero Beach, FL 32963

Zip

24 32963

Country

25 USA

Zip

29 32963

Country

30 USA

9. Name and Address of Current Registered Agent

SCHMIDT, TED
2149 N.E. 63RD STREET
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

Ted Schmidt

82 Street Address (P.O. Box Number is Not Acceptable)

901 Winding River Road

83

84 City

Vero Beach

FL

85 Zip Code

32963

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]

1/21/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SCHMIDT, TED
STREET ADDRESS 2149 N.E. 63RD STREET
CITY - ST - ZIP FT. LAUDERDALE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE



Change



Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

901 Winding River Road
Vero Beach, FL 32963

2.1 TITLE



Change



Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE



Change



Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE



Change



Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE



Change



Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE



Change



Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97

561-234-7200

Date

Daytime Phone #

CR2E034 (9/96)