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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name J88812

TED SCHMIDT & ASSOCIATES, INC.

| Principal Place  | of Business                                      | Mailing Address  |  |  |   | i ilitiitii aini inini tatai tatai                                       |  |                                     |                                     |
|--|--|--|--|--|---|--|--|-------------------------------------|-------------------------------------|
| 901 WINDING RIVER RD   |  | 901 WINDING RIV  | 901 WINDING RIVER RD   |  |   |  |  |                                     |                                     |
| VERO BEACH FL 32963  |  |  | VERO BEACH FL 32963  |  | DO NOT WRITE IN THIS SPACE  |  |  |                                     |                                     |
| US   |  | US   |  |  |   | 3. Date Incorporated or Qu   | alifed   |                                     |                                     |
|  |  |  |  |  |   | 08/17/1987   |  |                                     |                                     |
| 2. Principal Pl  | ace of Business                                  | 2a. Mailing Addr   | ess  |  |   | 4. FEI Number  |  | Apı                                 | olied For                           |
| 21   |  | 26   |  |  |   | 65-0004919   |  | Not                                 | Applicable                          |
| Suite, Apt.  | #, etc.  | Suite, Apt. #  | , etc.   |  |   | 5. Certifcate of Status Desi   | red 🔀  | <b>\$8.75</b> A                     |                                     |
| 22   |  | 27   |  |  |   |  | <u>.                                      </u> |                                     | <u></u>                             |
| City & State   | •  | City & State   |  |  |   | <ol><li>Election Campaign Finar<br/>Trust Fund Contribution</li></ol>    | icing  | \$5.00  <br>Added to                | •                                   |
| Zip  | Country  | Zip  |  | Country  |   | This corporation owes th   | e current vear                                 |                                     | 31003                               |
|  | 25   | 29   | 30   | , , , , , , , , , , , , , , , , , , ,  |   | Personal Property Tax.   | e current your                                 | Yes                                 | □No                                 |
| 24   | 9. Name and Address of Curr                      |  |  | T  |   | 10. Name and Address of  | New Register                                   | ed Agent                            |                                     |
| <del>, -</del>   |  |  |  | 81   | Name  |  |  |                                     |                                     |
|  | MIDT, TED  |  |  | 82   | Street A  | ddress (P.O. Box Number is Not A   | cceptable)                                     |                                     |                                     |
| 901 WINDING RIVER RD   |  |  |  |  | 0.700.71  |  |  | ····                                |                                     |
| VER  | D BEACH FL 32963                                 |  |  | 83   |   |  |  |                                     |                                     |
|  |  |  |  | 84   | City.   |  |  | 85 Zip C                            | ode                                 |
|  |  |  |  | _ _  | _   |  | <u> </u>                                       | of changing its                     | conictored                          |
| office or re   | egistered agent, or both, in the Sta             | te of Florida. Such chan   | ige was authori:   | zed by   | the corpor  | orporation submits this statement fration's board of directors. I hereby | accept the ap                                  | pointment as reg                    | gistered                            |
| agent. I a   | m familiar with, and accept the obli             | gations of, Section 607.   | 0505, Florida S  | tatutes.   |   |  |  |                                     |                                     |
| SIGNATURE  | Signature, typed or printed name of registered a | The state of the s | (NOTE: Borist  | arnd Acco  | at evanature re-  | quired when reinstating)   | DATE   |                                     |                                     |
| 12.  |  | AND DIRECTORS  |  | <u>-</u>   | it aignaturo rot  | ADDITIONS/CHANGES T  | OOFFICERS                                      | AND DIDECTO                         | 50.01.40                            |
| TITLE  |  |  |  | 13.  |   | ADDITIONS/CHANGES I  | O OFFICERS                                     | AND DIRECTO                         | RS IN 12                            |
|  | 1)P  | □ D  |  | 1 TITLE  | 1   | ADDITIONS/CHANGES I  | O OFFICERS                                     | Change                              | Addition                            |
| NAME   | DP<br>SCHMIDT, TED                               | □ D  | DELETE 1.  |  |   | ADDITIONS/CHARGES I  | OOFFICERS                                      |                                     |                                     |
|  | SCHMIDT, TED                                     | □ D  | DELETE 1.  | 1 TITLE<br>2 NAME  | ADORESS   | ADDITIONS/CHANGES  | OOFFICERS                                      |                                     |                                     |
| STREET ADDRESS   | SCHMIDT, TED<br>901 WINDING RIVER RD             | □ 0  | DELETE 1.  | 1 TITLE<br>2 NAME  |   | ADDITIONS/CHANGES  | OOFFICERS                                      |                                     |                                     |
|  | SCHMIDT, TED                                     |  | DELETE 1. 1. 1. 1.   | .1 TITLE<br>.2 NAME<br>.3 STREET   |   | ADDITIONS/CHANGES  | OOFFICERS                                      |                                     |                                     |
| STREET ADDRESS   | SCHMIDT, TED<br>901 WINDING RIVER RD             |  | DELETE 1. 1. 1. 1. DELETE 2.   | .1 TITLE<br>.2 NAME<br>.3 STREET<br>.4 CITY- S1  |   | ADDITIONS/CHANGES  | OUPPICERS                                      | ☐ Change                            | ☐ Addition                          |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE   | SCHMIDT, TED<br>901 WINDING RIVER RD             |  | 1. 1. 1. 1. DELETE 2.  | .1 TITLE .2 NAME .3 STREET .4 CITY-S .1 TITLE  |   | ADDITIONS/CHANGES  | OUPPICENS                                      | ☐ Change                            | ☐ Addition                          |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME  | SCHMIDT, TED<br>901 WINDING RIVER RD             |  | DELETE 1. 1. 1. 1. 1. DELETE 2. 2. 2.  | .1 TITLE .2 NAME .3 STREET .4 CITY-S .1 TITLE  | T-ZIP   | ADDITIONS/CHANGES  | O OFFICERS                                     | ☐ Change                            | Addition                            |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | SCHMIDT, TED<br>901 WINDING RIVER RD             |  | DELETE 1. 1. 1. 1. DELETE 2. 2. 2.   | .1 TITLE .2 NAME .3 STREET .4 CITY-S1 .1 TITLE .2 NAME   | T-ZIP   | ADDITIONS/CHANGES  | O OFFICERS                                     | ☐ Change                            | ☐ Addition                          |
| STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | SCHMIDT, TED<br>901 WINDING RIVER RD             |  | DELETE 1.  1.  1.  1.  DELETE 2.  2.  2.  DELETE 3.  | .1 TITLE .2 NAME .3 STREET .4 CITY-S' .1 TITLE .2 NAME .3 STREET   | T-ZIP   | ADDITIONS/CHANGES  | O OFFICERS                                     | ☐ Change                            | Addition                            |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | SCHMIDT, TED<br>901 WINDING RIVER RD             |  | DELETE 1. 1. 1. 1. 2. 2. 2. 2. DELETE 3. 3.  | 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE  | T-ZIP   | ADDITIONS/CHANGES  | OOFFICERS                                      | ☐ Change                            | Addition                            |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | SCHMIDT, TED<br>901 WINDING RIVER RD             |  | DELETE 1.  1.  1.  1.  DELETE 2.  2.  2.  DELETE 3.  3.  3.  3.  | .1 TITLE .2 NAME .3 STREET .4 CITY-S' .1 TITLE .2 NAME .3 STREET .4 CITY-S' .1 TITLE .2 NAME .3 STREET .4 CITY-S .3 STREET .4 CITY-S   | T-ZIP  T ADDRESS ST-ZIP  T ADDRESS  | ADDITIONS/CHANGES  | O OFFICERS                                     | ☐ Change ☐ Change ☐ Change          | Addition Addition Addition          |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | SCHMIDT, TED<br>901 WINDING RIVER RD             |  | DELETE 1.  1.  1.  1.  1.  2.  2.  2.  2.  DELETE 3.  3.  3.  3.  DELETE 4.  4.  4.  4.  DELETE 5.  5. | 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET  | T-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS T-ZIP                  | ADDITIONS/CHANGES  | OOFFICERS                                      | ☐ Change ☐ Change ☐ Change          | Addition Addition Addition          |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | SCHMIDT, TED<br>901 WINDING RIVER RD             |  | DELETE 1.  DELETE 2.  DELETE 3.  DELETE 4.  DELETE 4.  DELETE 5.  DELETE 5.  DELETE 6.                 | 1 TITLE 2 NAME 3 STREET 4 CITY-S 4 CITY-S       | T-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS T-ZIP  I ADDRESS T-ZIP | ADDITIONS/CITATIOES  | O OFFICERS                                     | ☐ Change ☐ Change ☐ Change ☐ Change | Addition Addition Addition Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | SCHMIDT, TED<br>901 WINDING RIVER RD             |  | DELETE 1.  DELETE 2.  DELETE 3.  DELETE 4.  DELETE 4.  DELETE 5.  DELETE 6. 6.                         | 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 3 STREET 3 STREET 4 CITY-S 1 TITLE 2 NAME | T-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS T-ZIP  I ADDRESS T-ZIP | ADDITIONS/CHANGES  | O OFFICERS                                     | ☐ Change ☐ Change ☐ Change ☐ Change | Addition Addition Addition Addition |

14. 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 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 on a pattachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP