

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanna B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K31006 (5)**
1. Corporation Name
SUSAN SCHMIDT, INC.



Principal Place of Business: **% SUSAN SCHMIDT 204 PARK AVE N. WINTER PARK FL 32789**
Mailing Address: **% SUSAN SCHMIDT 204 PARK AVE N. WINTER PARK FL 32789**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

3. Date Incorporated or Qualified: **08/15/1988**
3a. Date of Last Report: **03/21/1995**
4. FEI Number: **59-2911175**
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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
SCHMIDT, SUSAN 204 PARK AVE N. WINTER PARK FL
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.04(2) 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 617.0005, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS
D SCHMIDT, SUSAN 204 PARK AVE N. WINTER PARK FL
[] DELETED
[] DELETED
[] DELETED
[] DELETED
[] DELETED
[] DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95
[] Change [] Addition
[] Change [] Addition
[] Change [] Addition
[] Change [] Addition
[] Change [] Addition

14. I do hereby certify that the information supplied is true and correct, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 registered agent responsible for the preparation of this report as required by Chapter 637, Florida Statutes; and that my name appears in Book 12 or Book 13 of the State of Florida Department of State.

SIGNATURE: *Suzanna B. Mathison*
Suzanna B. Mathison
SUSAN B. SCHMIDT

410-96 407-647-6333

CP2E034 (12/95)