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Jun 16 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 # K72730 (0)

1. Corporation Name
WALT SCHMIDT ASSOCIATES INC.

Principal Place of Business

2021 20TH LANE
P.O. BOX 30189
PALM BEACH GARDENS FL 33420

Mailing Address

2021 20TH LANE
P.O. BOX 30189
PALM BEACH GARDENS FL 33420-0189



2. Principal Place of Business

21 2021 Twentieth Lane

Suite, Apt. #, etc.

22 City & State

23 Palm Beach Gardens, FL

Zip

24 33418

Country

25 U.S.A.

2a. Mailing Address

26 2021 Twentieth Lane

Suite, Apt. #, etc.

27 City & State

28 Palm Beach Gardens, FL

Zip

29 33418

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SCHMIDT, WENDY
2021 20TH LANE
PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified

03/10/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0121292

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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 607.0502 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SCHMIDT, WALTER K.

STREET ADDRESS 2021 20TH LANE

CITY-ST-ZIP PALM BEACH GRDNS FL

TITLE VD ☐ DELETE

NAME SCHMIDT, WENDY

STREET ADDRESS 2021 20TH LANE

CITY-ST-ZIP PALM BEACH GRDNS FL

TITLE STD ☒ DELETE

NAME SCHMIDT, JAMES

STREET ADDRESS 2021 20TH LANE

CITY-ST-ZIP PALM BEACH GRDNS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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

Walter K. Schmidt

CR2E034 (9/96)