

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**99 MAR 12 PM 2:19**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** **LA0293**

1. Corporation Name  
**Walter L. Schafer, Jr., P.A.**

Principal Place of Business: **2430 Estancia Blvd. Suite 108 Clearwater, FL 33761 U.S.A.**  
Mailing Address: **P.O. Box 1040 Dunedin, FL 34697-1040 U.S.A.**

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

**9. Name and Address of Current Registered Agent**

**Schafer, Walter L. Jr.**  
**2430 Estancia Blvd.**  
**Suite 108**  
**Clearwater, FL 33761**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83	City	
84	State	<b>FL</b>
85	Zip Code	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: \_\_\_\_\_

4. FEI Number: **01-02-90**  
**59-2982062** 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 owes the current year Intangible Personal Property Tax:  Yes  No

10. Name and Address of New Registered Agent

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 an appointment as registered agent I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

(NOTE: Register with a postmark representative.)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE [DELETE]	11 TITLE [Change] [Addition]
NAME	12 NAME
STREET ADDRESS	13 STREET ADDRESS
CITY-ST-ZIP	14 CITY-ST-ZIP
TITLE [DELETE]	21 TITLE [Change] [Addition]
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
CITY-ST-ZIP	24 CITY-ST-ZIP
TITLE [DELETE]	31 TITLE [Change] [Addition]
NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS
CITY-ST-ZIP	34 CITY-ST-ZIP
TITLE [DELETE]	41 TITLE [Change] [Addition]
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY-ST-ZIP	44 CITY-ST-ZIP
TITLE [DELETE]	51 TITLE [Change] [Addition]
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY-ST-ZIP	54 CITY-ST-ZIP
TITLE [DELETE]	61 TITLE [Change] [Addition]
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY-ST-ZIP	64 CITY-ST-ZIP

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-03/23/99-01144-012  
\*\*\*\*150.00 \*\*\*\*150.00

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, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **President**

**3-10-99 (727) 725-9086**

CR2E034 (11/96)