FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11: 14

DOCUMENT # L66579 (8)

1. Corporation Name
SCHOLTZ & SCHOLTZ, INC.

Principal Place of Business
C/O DESSO T. SCHOLTZ
291 CYPRESS WAY WEST
NAPLES FL 33942

Mailing Address
C/O DESSO T. SCHOLTZ
291 CYPRESS WAY WEST
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1990
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0191388 — Applied For / Not Applicable

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

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

9. Name and Address of Current Registered Agent
SCHOLTZ, DESSO T.
291 CYPRESS WAY WEST
NAPLES FL 33942

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHOLTZ, DESSO T.
STREET ADDRESS	291 CYPRESS WAY WEST
CITY-ST-ZIP	NAPLES FL
TITLE	V
NAME	SCHOLTZ, DESSO T., IV
STREET ADDRESS	291 CYPRESS WAY W
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: Desso T. Scholtz — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1-11-95 — Date — 813-597-7072 — Daytime Phone #

0320004 CP