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

							02-11-1999 90042 048 ***	*150.00	
DOCU	MENT # L71249)				1			
1. Corporation Name									
J. C. SCHROEDER HOMES CORP.							4 1861 BH 1861 1868 HERE HAR STOLE FOLK TO A	ANI ANDIR BRON BUDIN F	A1811 418(1 168)
Principal Place	of Rusiness	Maili	ng Address		<u>.</u>	╣.		jal bibli dibli dibli dibili	
3807 N.E. 12TH AVE P.O. BOX 5125							• •		•
POMPANO BCH FL 33064 LIGHTHOUSE POIN			HOUSE POINT FL 33074	074			DO NOT MIDITE IN T	110 CDACE	
US US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
						-	05/08/1990		-
2. Principal Place of Business			2a. Mailing Address				FEI Number	Ar	plied For
21		26					65-0193210		ot Applicable
Suite, Apt.	#, etc.	s	Suite, Apt. #, etc.			- 5	Certificate of Status Desired	. \$8.75	I
22		27							equired
City & Stat	e	<u> </u>	City & State			6.	Election Campaign Financing		May Be to Fees
23	O		Zip Country				Trust Fund Contribution		io rees
Zip	Country Zip Co			_ `	y	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
24	9. Name and Address of Curre			<u>'</u>		10.	Name and Address of New Register	ed Agent	
		-		81	Name				
SCHROEDER, JOHN CRAIG				82	Street Add	iress (P	O. Box Number is Not Acceptable)		
4121 NE 26TH AVE				ļ		A CALL ST. C. CALL ST. AND CO.	A	over the secret	
LIGHTHOUSE POINT FL 33064				83	3				
				84	4 City		· · · · · · · · · · · · · · · · · · ·	85 Zip	Code
					<u></u>			et chemica ita	rogiotorod
office or r	enictored agent or both in the State	e of Florida	Such change was auth	onzea o	v tne corporat	poration ion's bo	n submits this statement for the purpose pard of directors. I hereby accept the ap	pointment as re	gistered
agent. I a	m familiar with, and accept the oblig	ations of, S	ection 607.0505, Florida	a Statute	S.			•	
SIGNATURE	Signature, typed or printed name of registered ag	and title if s	policable (NOTE: Re	gistered Age	ent signature requir	red when r	einstating) DATE	<u> </u>	
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	Р		☐ DELETE	1.1 TITLE				Change	☐ Addition I
NAME	SCHROEDER, JOHN CRAIG			1.2 NAME					
STREET ADDRESS	4121 NE 26TH AVE			1.3 STREE	ET ADDRESS				
CITY-ST-ZIP	LIGHTHOUSE POINT FL		——————————————————————————————————————	1.4 CITY-				☐ Change	Addition
TITLE			☐ DELETE	2.1 TITLE				U change	
NAME				2.2 NAME					
STREET ADDRESS					ET ADDRESS			_	
CITY-ST-ZIP TITLE			☐ DELETE	2. 4 CITY- 3.1 TITLE				☐ Change	☐ Addition
NAME			_	3.2 NAME					
STREET ADDRESS					ET ADDRESS		17 to 18	ديغرو رئ	·
CITY-ST-ZIP				3.4. CITY-					113
TITLE			☐ DELETE	4.1 TITLE				Chánge	Addition
NAME		•		4. 2 NAME	E				٧٠.
STREET ADDRESS	'			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP				4.4 CITY-			- up	Change	Addition
TITLE			☐ DELETE	5.1 TITLE 5.2 NAME			•	□ cuange	
NAME					ET ADDRESS				ļ
STREET ADDRESS				5.4 CITY-	1		• • •		•
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TITLE				Change	☐ Addition
T TITLE	1				1			•	,

CITY-ST-ZIP 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED

Feb 11, 1999 8:00am

Secretary of State