

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY 15 AM 10:06

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L95000000189

SCHEPER INTERACTIVES L.C.
~~RT. 5, BOX 4225 (REBEL RD.)~~ 10266 REBEL CIR.
TALLAHASSEE FL 32311

1a. Principal Place of Business Address

~~RT. 5, BOX 4225 (REBEL RD.)~~
TALLAHASSEE FL 32311

2. Principal Place of Business

10266 REBEL CIRCLE

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc. SAME

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

Zip

32311

Country

LEON

Zip

32311

Country

LEON

3. Date Organized or Qualified

03/08/1995

3a. State of Formation

FL

4. FEI Number

59-3304250

☐ Applied For

☐ Not Applicable

5. Date of Last Report

01/29/1997

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

SCHEPER, JOHN S
RT. 5, BOX 4225
TALLAHASSEE FL 32311

Name

Street Address (P.O. Box Number is Not Acceptable)

500002528455-0

Suite, Apt. #, etc.

-05/19/98-01024-005

****188.75 ****188.75

City

FL

Zip Code

32311

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOT: Registered Agent signature required when reinstating)

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SCHEPER, JOHN S	RT. 5, BOX 4225	TALLAHASSEE FL
MGRM	ZERKY, JOHN H	RT. 5, BOX 4225 10266 REBEL CIRCLE	TALLAHASSEE FL

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

John H. Zerky

5-1-98

850 921-5036

SIGNATURE AND FULL OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #