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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90032 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M27055 1. Corporation Name SCHLOTTER PROPERTIES, INC.			
Principal Place of Business 4403 TROUBLE CREEK NEW PORT RICHEY FL 34652 US		Mailing Address 4403 TROUBLE CREEK NEW PORT RICHEY FL 34652 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 02/07/1986			
4. FEI Number 59-2644919		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SCHLOTTER, JOHN H. 4403 TROUBLE CREEK NEW PORT RICHEY FL 34652			
10. Name and Address of New Registered Agent 81 Name Frank C. Schlotter 82 Street Address (P.O. Box Number is Not Acceptable) 4806 mile stretch Dr 83 84 City Holiday FL 85 Zip Code 34690			
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 Frank C. Schlotter FRANK C. SCHLOTTER, PRES 1-06-99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE PTD <input checked="" type="checkbox"/> DELETE NAME SCHLOTTER, JOHN H. STREET ADDRESS 5649 HAMILTON HARBOR DR CITY-ST-ZIP NEW PORT RICHEY FL TITLE VPS <input checked="" type="checkbox"/> DELETE NAME SCHLOTTER, ELIZABETH C. STREET ADDRESS 5649 HAMILTON HARBOR DR CITY-ST-ZIP NEW PORT RICHEY FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Frank C. Schlotter 1.3 STREET ADDRESS 4806 mile stretch Dr 1.4 CITY-ST-ZIP Holiday, FL 34690 2.1 TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Philip C. Schlotter 2.3 STREET ADDRESS 4806 mile stretch Dr 2.4 CITY-ST-ZIP Holiday, FL 34690 3.1 TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Joseph F. Schlotter 3.3 STREET ADDRESS 4806 mile stretch Dr 3.4 CITY-ST-ZIP Holiday, FL 34690 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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.

SIGNATURE: **Frank C. Schlotter** **FRANK C. SCHLOTTER** 1-06-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)