


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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																													
DOCUMENT # M79760 (8) 1. Corporation Name SCHWAB AND ASSOCIATES, INC.																																																																	
Principal Place of Business 4539 BEACH BLVD. STE 1 P.O. BOX 5547 JACKSONVILLE FL 32247-2547			Mailing Address 4539 BEACH BLVD. STE 1 P.O. BOX 5547 JACKSONVILLE FL 32247-5547																																																														
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/05/1988 3a. Date of Last Report 02/23/1996 4. FEI Number 59-2892916 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																													
9. Name and Address of Current Registered Agent SKIPPER, ROBERT N 6543 TODD ROAD JACKSONVILLE FL 32218			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																	
12. OFFICERS AND DIRECTORS																																																																	
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																	
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14. 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 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: <i>Robert N. Skipper</i> Robert N. Skipper / 4/14/97 904-396-6034 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																	

CR2E034 (9/96)