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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # M98897

1. Corporation Name

M98897

(5)

1. Corporation	n Name	<i>(3)</i>			
SCHREINER ENTERPRISES, INC.				ļ	
					BORRE MINIO MONTE BRAKT MINIO 1884
Principal Plac	e of Business	Mailing Address			
1251 TAYLOR LANE EXT P O BOX 931					
SUITE 6F LEHIGH, ACRES, FL. 33970					
LEHIGH, ACRES, FL. 33936				DO NOT WRITE IN THIS SPACE	
บร				3. Date Incorporated or Qualified	
2 Principal D	lace of Business	2a. Mailing Address		09/16/1988 4. FEI Number	1 14 15 25
21	lace of business	26. Walling Address		T	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			65-0102220	\$8.75 Additional	
22 27			5. Certificate of Status Desired	Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23 28		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29 3	0	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Register	ed Agent
SINKOVITS, ANGELA BI Name Brich Schreiner					
			82 Street Addr	ess (P.O. Box Number is Not Acceptable)_	
LEHIGH ACRES FL 33936				757 Rently St. E	
			83	- ' J	
}			84 City		85 Zip Code
			- ' (	<u>ehiah</u> F	·L    33936
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the above-named corp	oration submits this statement for the purposion's board of directors. I hereby accept the	e of changing its registered
agent. 1 a	im tamiliar with and accept the obli			O - 1	/ 65
SIGNATURE	X-17-43	- Erich		- President 1	19/98
\			Registered Agent signature requir		
12.	P OFFICERS AI	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	SCHREINER, ERICH		1.2 NAME		
STREET ADDRESS	757 BENTLY ST E		1.3 STREET ADDRESS		}
CITY-ST-ZIP	LEHIGH ACRES FL				
TITLE	VSD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	SINKOVITS, ANGELA		2.2 NAME		
STREET ADDRESS	757 BENTLY ST E		2.3 STREET ADDRESS		ì
CITY-ST-ZIP	LEHIGH ACRES FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	<del> </del>	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		Ì
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	}		5.2 NAME		}
STREET ADDRESS			5.3 STREET ADDRESS		
CiTY-ST-ZIP			5.4 CITY-ST-ZIP	_	Į
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		)

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 arachment with an address.

SIGNATURE

CNATURE REQUIRE

1/19/98

**FILED** 

Jan 29 1998 8:00am

Secretary of State

(941) 368-7396