## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N09346

(0)

## FILED Jan 22 1998 8:00am Secretary of State

THE SCHWARTZ FAMILY QUARTET, INC.				
Principal Place of Business		Mailing Address		
C/O FANME SCHWARTZ 3366 8TH STREET SARASOTA FL 34237		C/O FANNIE SCHWARTZ 3366 8TH STREET SARASOTA FL 34237		3. Date Incorporated or Qualified  05/17/1985  4. FEI Number   Applied For    59-2737516   Not Applicable
2. Principal Place of Business		2a. Mailing Address		59-2737516   Not Applicable  5. Certificate of Status Desired   \$8.75 Additional
Suite, Apt, #, etc.		Suite, Apt. #, etc.		Fee Required
22		27		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
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 Current	Registered Agent		10. Name and Address of New Registered Agent
			81 Name	
SCHWARTZ, FANNIE 3366 8TH STREET			82 Street Addre	ess (P.O. Box Number is Not Acceptable)
SARASOTA FL 33577		83		
			84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.				
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable. (NOTE; F	Registered Agent signature require	ed when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Change Addition
NAME	SCHWARTZ, PETER N.		1.2 NAME	
STREET ADDRESS	4720 CRONIN DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	Change L Addition
NAME	SCHWARTZ, MARTHA J. 4720 CRONIN DR.		2.2 NAME	
STREET ADDRESS	SARASOTA FL		2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	VD SANASOTA FL	☐ DELETE	2. 4 CITY~ST-ZIP 3.1 TITLE	Change Addition
NAME	SCHWARTZ, MARGARET		3.2 NAME	
STREET ADDRESS	3366 8TH STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-ST-ZIP	
TITLE	STD	DELETE	4.1 TITLE	Change Addition
NAME	SCHWARTZ, FANNIE		4, 2 NAME	
STREET ADDRESS	3366 8TH STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		T BELETE	5.4 CITY-ST-ZIP	
TITLE		☐ DELÉTE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS		· ·	6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY-ST-ZIP	

14. Thereby 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

annie Schwart IFFant Cullet Wart

Orton 8 1998

941-957-3659