
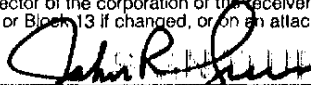


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of State

| | | | |
|---|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N13141 (9) | | | |
| 1. Corporation Name SCHOTT MEMORIAL CENTER FOUNDATION, INC. | | | |
| Principal Place of Business 6591 SW 124TH AVE FT. LAUDERDALE FL 33330 US | | Mailing Address 6591 SW 124TH AVE FT. LAUDERDALE FL 33330-3915 US | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | | 2a. Mailing Address 26 Suite, Apt. #, etc. | |
| 22 City & State | | 27 City & State | |
| 23 Zip | | 28 Zip | |
| 24 Country | | 29 Country | |
| 25 | | 30 | |
| 3. Date Incorporated or Qualified 01/24/1986 | | 3a. Date of Last Report 05/01/1996 | |
| 4. FEI Number 59-2798816 | | Applied For Not Applicable | |
| 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 type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent FITZGERALD, J. PATRICK 110 MERRICK WAY SUITE 2-C CORAL GABLES FL 33134 | | 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 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD PARELLO, RAYMOND 14430 MUSTANG TRAIL FT. LAUDERDALE FL | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | MD JOHN R. GREEN 530 FAIRFAX AVENUE DAVIE, FL 33325 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ATD HENNESSEY, REV. WILLIAM 9401 BISCAYNE BLVD MIAMI SHORES FL | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ARISTY, JUAN 4215 S.W. 33RD DRIVE HOLLYWOOD FL | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD VITUCCI, JAMES R 6591 S.W. 124TH AVENUE DAVIE FL | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCONNELL, ROBERT 4105 WIMBELTON DRIVE COOPER CITY FL | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCHOTT, STEPHEN 221 E 4 ST., ATRIUM 2, 22ND FLOOR CINCINNATI OH | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | Change Addition |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. | | | |
| SIGNATURE:  | | 2-10-97 (954) 434-3306 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # 0037546 | |

CR2E037 (9/96)