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Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #N92000000712 (1)

1. Corporation Name
THE SCHWARZKOPF CUP, INC.

Non Profit

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4722 CHEVAL BLVD LUTZ FL 33549	4722 CHEVAL BLVD LUTZ FL 33549

3. Date Incorporated or Qualified: 12/10/92

2. Principal Place of Business	2a. Mailing Address
21 400 N. ASHLEY ST.	26 400 N. AHSLEY ST
Suite, Apt. #, etc. 22 SUITE 3050	Suite, Apt. #, etc. 27 SUITE 3050
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip / Country 24 33602 / 25 HILLSBOROUGH	Zip / Country 29 33602 / 30 HILLS

4. FEI Number: 59-3132298 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHWARZKOPF, N N 4722 CHEVAL BLVD LUTZ FL 33549	81 Name: SCHWARZKOPF, H N 82 Street Address (P.O. Box Number is Not Acceptable): 400 N. ASHLEY ST 83 SUITE 3050 84 City: TAMPA FL 85 Zip Code: 33602

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARZKOPF, H. NORMAN		1.2 NAME	
STREET ADDRESS	400 N. ASHLEY ST, STE 3050		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARZKOPF, BRENDA		2.2 NAME	
STREET ADDRESS	400 N. ASHLEY ST STE 3050		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, LYNN		3.2 NAME	
STREET ADDRESS	400 N. ASHLEY ST, STE 3050		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602		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	
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	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

4/6/98

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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.

SIGNATURE: H. NORMAN SCHWARZKOPF 31 Mar 98 (813)229-2145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (10/97)