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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P00376

SCHAER ASSOCIATES, INC.

Principal Place of Business

Mailing Address

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90043 030 ***150.00



FLANTATION FL 33324		SAN DIEGO CA 92101			DO NOT WRITE IN THIS S	PACE	
					3. Date Incorporated or Qualifed		
					,		1
		T 0 4 W 4 d			12/22/1983 4. FEI Number		plied For
2. Principal Place of Business 2						_ 	ot Applicable
27 3000 GULF TO BAY BLUD 26					02-0356032		
Suite, Apt. 22 #40	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required		
City & State	PINATER FL	City & State	•		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip Country Zip			Country		8. This corporation owes the current year Intangible		
Zip 24 33759 25 U.S. 29 3			0		Personal Property Tax.		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent	
			8	1 Name			ŀ
ANDERSON, DAVID			_		A CO D Alivert in Man Assemble (A)		
3000 GULF TO BAY BLVD			8	Street A	ddress (P.O. Box Number is Not Acceptable)		
#102				3 11 1			
CLEARWATER FL 33/59			{ .	1#4	UI		
	7777		84	4 City	FL	85 Zip	Code
	1,1,11/1					<u> </u>	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abor	ve-named o	corporation submits this statement for the purpose of clear ration's board of directors. I bereby accept the appoint	nanging its ment as re	registered
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					Feb, 19.	, 199	9
SIGNATURE	Signature, typed or printed plante of registered agent	and title if applicable. (NOTE: Re	gistered Ag	ent signature req	quired when reinstating) DATE		1.
12.	/ OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	P	☐ DELETE	1.1 TITLE	Į.		Change	☐ Addition
NAME	Bennett, Melvin e		1.2 NAME	:			
STREET ADDRESS	225 BROADWAY STE 2200		1.3 STRE	ET ADDRESS	•		
CITY-ST-ZIP	TT1.T1.12T 1 1 1 1 1 1 1 1 1		1.4 CITY-	ST-ZIP		_	
TITLE	T	☐ DELETE	2.1 TTTLE			Change	☐ Addition
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TITLE							_
NAME	,		3.2 NAME				
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STREET ADORESS			4.3 STRE	ET ADDRESS			ļ
CITY-ST-ZIP			4.4 CITY-			F 7 6	——————————————————————————————————————
TITLE		. DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	ET ADDRESS	•		ļ
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
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NAME	and of the first of the first		6.2 NAME		•		
STREET ADDRESS			6.3 STRE	ET ADORESS			
CITY_ST-7IP	增加收益的信息		6.4 CITY-	ST-ZIP			}

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, with all other like empowered.

SIGNATURE:

619-230-1666