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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90026 050 ***150.00

DOCUI	MENT # P2363	9						
SCHOOP'S ENTERPRISES INC.								
Principal Place	e of Business	Mailing Address		_	T CONTINUES IN A STARRO TELLA DELLA	ESBEL BIOIC BEACH DI	DIC BEREI COOL	
3905 45TH ST 3905 45TH ST HIGHLAND IN 46322 HIGHLAND IN 46322					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
					DO NOT WRITE IN THE	3 SPACE		
		Market Color			3. Date Incorporated or Qualifed 03/29/1989		•	
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For	
26		26			35-1625078		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, 27		Suite, Apt. #, etc.	tc.		5. Certifcate of Status Desired	\$8.75 A Fee Red		
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to		
23 Zip	Country Zip		Country	у	8. This corporation owes the current year In	8. This corporation owes the current year Intangible		
24	25		10		Personal Property Tax.		MINO	
	9. Name and Address of Curr	rent Registered Agent	81	I Name	10. Name and Address of New Registered	Agent		
CT CORPORATION SYSTEM					Idress (P.O. Box Number is Not Acceptable)			
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			82		Juliess (F.O. Box Nulliber is Not Acceptable)			
104	TIMINON I E GOOGT		03	'				
			84	1	FI			
office or n agent. I a SIGNATURE	egistered agent, or both, in the Sta	ate of Florida. Such change was autigations of, Section 607.0505, Florid	norized by da Statute:	y the corpora s.	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appointment of the purpose of the purpos	intment as reg	jistered	
12.		AND DIRECTORS	13.	orit signaturo roqu	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	SCHOOP, MARK H.		1.2 NAME					
STREET ADDRESS	7623 FOREST AVE.		13 STREE	ET ADDRESS			ì	
CITY-ST-ZIP	MUNSTER IN		1.4 CITY-1					
TITLE	VD	☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME	NEWELL, RANDALL		2.2 NAME				-	
STREET ADDRESS	10106 DEVONSHIRE		1 . "	ET ADDRESS			}	
CITY-ST-ZIP	1 N 0 10 TO 1 1 1		2. 4 CITY-					
TITLE	SD	☐ DELETE	3.1 TITLE			Change	Addition	
- NAME	NEWELL, RICHARD		3.2 NAME		graphic to the second		, -	
STREET ADDRESS	1417 WILDERNESS DRIVE 3		3.3 STREE	ET ADDRESS)	
CITY-ST-ZIP	SCHEREVILLE TN		3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME			4. 2 NAME	:			ł	
STREET ADDRESS			4.3 STREE	ET ADDRESS			Ì	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	1		Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS				ET ADDRESS		-	1	
CITY-ST-ZIP				ST-ZIP			- Addition	
TITLE .		☐ DELETE	6.1 TITLE	1		☐ Change	☐ Addition	
NAME	Į		6.2 NAME	1		•		
STREET ADDRESS				ET ADDRESS)			1	
CITY-ST-ZIP			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 of 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:

OR DIRECTOR

6012 4-2-99 Daytime Phone: