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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300006932 (6)

1. Corporation	INCE C. SCHREIBER, INC.	(0)				
Principal Plac	e of Business	Mailing Address			ONA OORA OOR	0)
1507 SOUTH	UNIVERSITY DRIVE	1507 SOUTH UNIVERSIT	TY DRIVE			
SUITE F SUITE F				DO NOT HIDITE IN THE OFFICE		
		PLANTATION FL 33324 US		DO NOT WRITE IN THIS SPACE		
00		U0		3. Date Incorporated or Qualified 01/28/1993		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26		65-0383340		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & Stat	6	City & State	113144	6. Election Campaign Financing		\$5.00 May Be
23		28		Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has p	aid the curre	
24	25	29	30	Personal Property Tax due Jun-	e 30. 🗀	Yes No
	9, Name and Address of Current	t Registered Agent	241	10. Name and Address of New R	egistered A	gent
	HREIBER, LAWRENCE C		81 Name			
	07 SOUTH UNIVERSITY DRIVE		82 Street Add	dress (P.O. Box Number is Not Accepta	ble)	
SUITE F			83			
1	ANTATION FL 33324		63			
ļ			84 City			85 Zip Code
44 Pursuant	to the provisions of Sections 607 0500	and 607 1508 Florida Status	tos the above named as	repretion gubmits this statement for the	FL	honsine ite recisie ed
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized by the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	pt the appo	intment as registered
	m tamiliar with, and accept the obliga	tions of, Section 607.0505, Fi	iorida Statutes.			
SIGNATURE	Signature, typed or printed name of registered ager	f and tille if applicable. (NO)	1E: Registered Agent signature requ	uirea when reinslatina)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE			Change Addition
NAME	SCHREIBER, LAWRENCE C		1.2 NAME			
STREET ADDRESS	465 SPINNAKER		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY - ST - ZIP			
TITLE		☐ DELETE	21 TITLE		L	Change Addition
NAME			22 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE			Change Addition
NAME		בו הננונ	3.1 IIILE 3.2 NAME			LI MODICION
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		•	
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Т	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	_		

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 10g 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 trusted by powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if classes, or on an attachment with an adoless.

MANATURE.

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951-4,4-9150

FILED

Jan 21 1998 8:00am

Secretary of State