


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

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90063 015 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P93000008696**

1. Corporation Name  
**THOMAS G. SCHULTZ, P.A.**

Principal Place of Business % MCDERMOTT WILL & EMERY 201 S. BISCAYNE BLVD., 22ND FLOOR MIAMI FL 33131	Mailing Address % MCDERMOTT WILL & EMERY 201 S. BISCAYNE BLVD., 22ND FLOOR MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>FERRILL, SCHULTZ, CARTER &amp; FORTAL</b> Suite, Apt. #, etc. 22 <b>201 S BISCAYNE BLVD #1920</b> City & State 23 <b>MIAMI, FL</b> Zip 24 <b>33138</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>FERRILL SCHULTZ CARTER &amp; FORTAL</b> Suite, Apt. #, etc. 27 <b>201 S BISCAYNE BLVD #1920</b> City & State 28 <b>MIAMI FL</b> Zip 29 <b>33138</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>02/04/1993</b>	
		4. FEI Number <b>65-0386882</b>		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 owes the current year Intangible Personal Property Tax.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>SCHULTZ, THOMAS G</b> <b>% MCDERMOTT, WILL &amp; EMERY</b> <b>201 S. BISCAYNE BLVD., 22ND FLOOR</b> <b>MIAMI FL 33131</b>			10. Name and Address of New Registered Agent 81 Name <b>SCHULTZ, THOMAS G. % FERRILL, SCHULTZ, CARTER &amp; FORTAL</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>201 S. BISCAYNE BLVD. #1920</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33131</b>		

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	DPTS	<input type="checkbox"/> DELETE	
NAME	SCHULTZ, THOMAS G		
STREET ADDRESS	% 201 S. BISCAYNE BLVD., 22ND FLOOR		
CITY-ST-ZIP	MIAMI FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	DPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	SCHULTZ, THOMAS G.		
1.3 STREET ADDRESS	201 S. BISCAYNE BLVD. #1920		
1.4 CITY-ST-ZIP	MIAMI, FL. 33131		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
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:

*Thomas G. Schultz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-371-8585

Daytime Phone #

CR2034 (11/98)