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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000080438 (3)

JAMES R. SCHMOOK, INC.

Principal Place of Business	Mailing Address
1232 WILKINSON ST. ORLANDO FL 32803	1232 WILKINSON ST. ORLANDO FL 32803-1139
2. Principal Place of Businoss	<b>2a.</b> Mailing Address
Sulte, Apt. #, etc.	Suite Apt #, etc.
Suite, Apt. #, etc.	Suite, rept. W. etc.

**FILED** Apr 02 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

04/18/1996

3. Date Incorporated or Qualified

11/22/1993

4. FEI Number

21		[26]			95-3493435	1	Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired		Additional Regulred		
City & S	tale	City & State			6. Election Campaign Financing				
23		28			Trust Fund Contribution		May Be		
Zip	Country	7ip	Country		8. This corporation has liability for				
24	25	[29]	30			intangiole tax tinder ☐ Yes	s. 199.032,		
	9. Name and Address of Cu		1201		10. Name and Address of New Re				
N	DUGLAS, KRISTY		81 Na	me		<u> </u>			
	32 WILKINSON ST.		h			<del></del>			
	RLANDO FL 32803		82 Str	eot Addre	ess (P.O. Box Number is Not Acceptal	ole)			
O.	NLANDO FL 32003		83						
			84 Cit	У		FL  85   Zip	Code		
11. Pursual	nt to the provisions of Sections 607	0502 and 607.1508. Florida Statut	es the above-par	ned corno	oration submits this statement for the		ils registered		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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.									
<b>J</b>	•	nigations of, Section 607.0505, Fit	onda Statutes.				}		
SIGNATURE	Signature typed or printed name of registere	(NOT	E Registered Agent sign	arure require	d when reinglaine)	DATE			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		PRS IN 12		
TITLE	DP	DELETE	1.1 TITLE			☐ Change	Addition		
NAME	SCHMOOK, JAMES R		1,2 NAME	)			j		
STREET ADDRES			1.3 STREET ADDR	SS			Ì		
CITY-ST-ZIP	MELBOURNE BEACH FL		1.4 CITY - ST - ZIP	``\			Ì		
TITLE	DST	DELFTE	2.1 101€			Change	Addition		
NAME	SCHMOOK, KAY G		2.2 NAME	1		_ ·			
STREET ADDRESS	1		23 STREET ADDR	ss					
CITY-ST-ZIP	MELBOURNE BEACH FL		2. 4 CITY - ST - ZIP	- 1			ĺ		
TITLE	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	DELETE	3.1 TITLE			Change	Addition		
NAME			3.2 NAME	Ì					
STREET ADDRESS	s		3.3 STREET ADDR	ss					
CITY-ST-ZIP	Ĭ		3.4, CITY- \$1 - ZIP		··	* *	}		
TITLE		DELETE	4.1 1/IUE	-		Change	Addition		
NAME	1		4. 2 NAME	Ì			ì		
STREET ADDRESS	s		4.3 STREET ADORS	ss			}		
CITY-ST-ZIP			4.4 CHY - S1 - ZIP	Ì			Ì		
TITLE		DETETE	5.1 TITLE			Change	Addition		
NAME			5.2 NAME	)	•		. 1		
STREET ADDRESS	S		5.3 STREET ADDRE	ss			1		
CITY-ST-ZIP	3. 18		5.4 C/TY - ST - Z/P	İ			Ì		
TITLE		DELL'IE	6.1 TrTLF			Change	Addition		
NAME	1	•	6.2 NAME				}		
STREET ADDRESS	s		63 STREET ADDRE	SS					
CITY-ST-ZIP	1		6.4 CITY - S1 - ZIP				Ì		
	eby certify that the information sup-	plied with this filing does not qualif		on stated i	in Section 119.07(3)(i), Florida Statuto	s. I further certify tha	l 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 fam 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 12 if changed, or an antachment with an address.