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 # P93000080438 (3)

JAMES R. SCHMOOK, INC.

Principal Place of Business	Mailing Address	
1232 WILKINSON ST. ORLANDO FL 32903	1232 WILKINSON ST. ORLANDO FL 32803	
2 Principal Place of Business	20 Mailing Address	<u> </u>
2. Principal Place of Business	2a. Mailing Address	

FILED Jan 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address											
		_				1					
1232 WILKINSON ST. 1232 WILKINSON ST.											
ORLANDO FL 32803 ORLANDO FL 32803						DO NOT WRITE IN THIS SPACE					
						3.	Date Incorporated or Q	ualified			
							11/22/1993				
2. Principal F	lace of Business	2a. Mailing	Address			4.	FEI Number		Ar	oplied For	
21		26				ĺ	95-3493435		No	ot Applicable	
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			_	5. Certificate of Status Desired	sired	\$8.75	Additional	
22		27				3.	Certificate of Status De	aneu 🗀	Fee Re	guired	
City & Stat	e	City &	State			6.	Election Campaign Fina	ancing	\$5.00	Мау Ве	
23		28					Trust Fund Contribution		Added t	to Fees	
^{Zip}	Country	Zip		Countr	У		This corporation owes o	•			
24	25	29	3	0			Personal Property Tax of			No	
Name and Address of Current Registered Agent				81	1	 -	Name and Address of	New Registered	Agent		
DOUGLAS, KRISTY				81	Name						
1232 WILKINSON ST.				82	82 Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO FL 32803			_								
				83							
				84	City		· <u>-</u>	·	85 Zip (Code	
					<u></u>	 -		FI			
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.											
agent. I a	m familiar with, and accept th	e obligations of, Section	n 607.0505, Florid	da Statute	s.			-,,-	,		
SIGNATURE								<u></u>			
					rgistered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
12.	DP	.no AND DIRECTORS	DELETE	1.1 TITLE		<u>_</u>	DDITIONS/CHANGES	O OFFICERS AIN	Change	Addition	
NAME	SCHMOOK, JAMES R			1.2 NAME					Jana Go		
STREET ADDRESS	216 SEAVIEW ST.				T ADDRESS	18061	VERANO	DR			
		1				1	DIEGO, CA	92128	,		
City-ST-ZIP	MELBOURNE BEACH F	<u> </u>	DELETE	1.4 CITY-:	ST-ZIP	3A0	D12 GD, CA	72120	Change	Addition	
TITLE			T hereic	2.1 TITLE					<u> </u>		
NAME	SCHMOOK, KAY G			2.2 NAME		1806	I VERANC	DR.		ļ	
STREET ADDRESS	216 SEAVIEW ST.				ADDRESS						
CITY-ST-ZIP	MELBOURNE BEACH F		DCI ET	2. 4 CITY-	ST-ZIP	5A N	DIESO, CA	42128		1.2.00	

 □ DELETE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 3.4. CITY - ST-ZIP DELETE Change __ Addition TITLE 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4,4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

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 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.