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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000088802**1. Corporation Name

SCHRENK ASSOCIATES, INC.

Principal Plac	e of Business	Mailing A	ddress							
4951 GULF SHORE BLVD. NORTH LEPARC 803 GULF SHORE BLVD. N. NAPLES FL 33940		4951 GULF SHORE BLVD. NORTH LEPARC 903 GULF SHORE BLVD, N. NAPLES FL 33940				DO NOT WRITE IN THIS SPACE				
		NAPLES F	L 33940			3. Date Incorporated or Qualifed				
	•					- 1 -		eu		
2 Principal C	Place of Business	20 Mailie	g Address				12/30/1993 FEI Number		— <u> </u>	
	race of business	\vdash	ig Address							Applied For
21		26	A - 1 44 - 14 - 14 - 14 - 14 - 14 - 14 -				65-0458030			Not Applicable
Suite, Apt.	#, etc.	— ·	Apt. #, etc.			5. 0	Certifcate of Status Desired			Additional
22		27					 ,		Fee	Required
City & Stat	te	— ·	L State				Election Campaign Financir	ng 🗆		0 May Be
23		28					Trust Fund Contribution			d to Fees
Zip	Country	Zip	_	Country			This corporation owes the o	urrent year Int		_
24	25	29		<u> </u>			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	Registered A	Agent			10. I	Name and Address of Ne	w Registered .	Agent :	
2011	DENK OFORE	1	, * F	81	Name					
	IRENK, GEORGE L			82	Street Addr	tress (P.C	D. Box Number is Not Acce	ntable)		
	GULF SHORE BLVD. NORTH				Oli COL MOOI	1) 00011	D. DOX (10)11001 10 1101 11000	placicy		
LEP/	ARC 803 GULF SHORE BLVD. N.			83					" , <i>i</i> :	10, 3.4
NAP	LES FL 33940								<u> </u>	
				84	City			FL	85 Zi	p Code
11 Pureuant	to the provisions of Sections 607.0502	and 607 150	8 Florida Statutes	the show	e-named com	noration s	submite this statement for t		changing	te registered
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office or r agent. I a	m familiar with, and accept the obligation		n 607.0505, Florida	Statutes						
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90058 015 ***150.00