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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P9400029550 (8)

FILED Mar 16 1998 8:00am Secretary of State

10/9/

SCHWARZ AND KAHLE, P.A. -SCHWARZ, KAHCE+ Keller, P.A. ιμ⊯, Mailing Address 21220 OLEAN BLVD. 21229 OLEAN BLVD. PORT CHARLOTTE FL 33962 PORT CHARLOTTE FL 33962 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/15/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0481215 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KAHLE, GARY A 21229 OLEAN BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) PORT CHARLOTTE FL 33962 83 City Zip Code 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE NAME SCHWARTZ, STEPHEN 1.2 NAME **24485 TANGERINE AVENUE** STREET ADDRESS 1.3 STREET ADDRESS PORT CHARLOTTE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition KAHLE, GARY A NAME 2.2 NAME STREET ADDRESS 46 SAO PAULO STREET 2.3 STREET ADDRESS **PUNTA GORDA FL 33983** CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE **X** DELETE 3.1 TITLE Change PAMelA D. Keller Loop Rd 35380 Washington Loop Rd GEER, MARY L NAME 3.2 NAME **1329 NEWTON STREET** STREET ADDRESS 3.3 STREET ADDRESS Punta Borda 33982 **PORT CHARLOTTE FL 33952** CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 7111.6 Change 600002459416 -03/17/98--01047--013 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS ***150.00 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETÉ TITLE Change 6 1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 of the recover or trustee engagement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of

V1.41 C