

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90181 044 \*\*\*150.00

DOCUMENT # P94000032731

1. Corporation Name

THE SCHAMAY GROUP, INC.



Principal Place of Business

3280 SOUTH ATLANTIC  
SUITE C  
DAYTONA BEACH FL 32118

Mailing Address

816 S ATLANTIC AVE  
SUITE C  
DAYTONA BCH FL 32118  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1994

4. FEI Number

59-3239460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 816 S. ATLANTIC AVE

27 Suite, Apt. #, etc.

28 City & State

DAYTONA BEACH FL.

29 Zip

32118

30 Country

USA

9. Name and Address of Current Registered Agent

SCHAMAY, DIANE  
4016 S. PENINSULA DR  
WILBUR BY THE SEA FL 32127

10. Name and Address of New Registered Agent

81 Name

JENNIFER RULAND

82 Street Address (P.O. Box Number is Not Acceptable)

4238 CARDINAL BLVD.

83

84 City

WILBUR BY THE SEA FL

85 Zip Code

32127

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)

3/31/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SCHAMAY, ROBERT	
STREET ADDRESS	4016 S. PENINSULA DR.	
CITY-ST-ZIP	WILBUR BY THE SEA FL 32127	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHAMAY, SCOTT	
STREET ADDRESS	4238 CARDINAL BLVD	
CITY-ST-ZIP	WILBUR BY THE SEA FL 32127	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SCHAMAY, DIANE	
STREET ADDRESS	4016 S. PENNSULA DR.	
CITY-ST-ZIP	WILBUR BY THE SEA FL 32127	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCOTT SCHAMAY	
1.3 STREET ADDRESS	4238 CARDINAL BLVD.	
1.4 CITY-ST-ZIP	WILBUR BY THE SEA FL 32127	
2.1 TITLE	JENNIFER RULAND SEC. TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	4238 CARDINAL BLVD	
2.3 STREET ADDRESS	WILBUR BY THE SEA FL 32127	
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:

SCOTT M. SCHAMAY

Date

Daytime Phone #

3-31-99 904-2585060

CR2E034 (11/98)