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 # P94000090747 (4)

DANIEL SCHLUEB D.C. P.A.

FILED Mar 19 1997 8:00am Secretary of State

Principal Plac 2677 S. TAMIA SUITE 4 SARASOTA FL	MI TRAIL	Mailing Address 2677 S. TAMIAMI TRAIL SUITE 4 SARASOTA FL 34239-4504							
						 Date Incorporated or Qualified 01/01/1995 	,	ate of Last R 13/1996	eport
2. Principal P	lace of Business	2a. Mailing Add	ress			4. FEI Number			plied For
21		26				65-0541372			ot Applicable
Suite, Apt.	#, e1c.	Suite, Apt #	, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	е	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25	Žip 29	30	ountr	у	8. This corporation has liability for Florida Statutes	intangible Yes		. 199.032,
	9. Name and Address of Cu					10. Name and Address of New Re	gistered	Agent	
SCHLUEB, DANIEL D.C. 2677 S. TAMIAMI TRAIL SUITE 4 SARASOTA FL 34239				81 82 83	Street Address (P.O. Box Number is Not Acceptable)				
				84	<u> </u>		FL	85 Zip (Code
agent. I a	im familiar with, and accept the c Signature, typed or printed name of registers	bligations of, Section 607	7.0505, Florida St	atute	es.	poration submits this statement for the p tion's board of directors. I hereby accer acd when reinstang)	DATE	·	·· · · · · · · · · · · · · · · · · ·
12,		AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	P			TITLE	j			☐ Change	Addition
NAME	SCHLUEB, DANIEL DCPA			NAME					
STREET ADDRESS	2677 S. TAMIAMI TRAIL, S	lt.•4			1 ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34239				S1 - 7/P			Change	Addition
TITLE		L) 0		TOLE NAME				□1 Cuanôc	L AUUI(IUI)
STREET ADDRESS			1		1 ADORESS				
					-S1 - ZIP				
CITY-ST-ZIP TITLE			· · · · · · · · · · · · · · · · · · ·	mr.	51.41			Change	Addition
NAME		LL.1 0		NAME	1				
STREET ADDRESS					1 ADDRESS				
CITY-ST-ZIP					ST-7IP				
TITLE				TITLE				Change	Addition
NAME			4 2	NAME	:				
STREET ADDRESS			4.3	STREE	T ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE				TITLE				Change	Addition

14. I do 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 supplientental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY - \$1 - 7(P)

5.4 CITY - ST - ZIP

6.1 TO LE

6.2 NAME

CIGNATUDE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

and Schlule D. C. F

DELETE

2.5-9

9413669696

___ Change

☐ Addition