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

1. Corporation	INN J. SCHULZE, DDS, P.A	0093373 (6 ^{A.})		
Principal Plac	e of Business	Mailing Address		4 IDDUITOR HID HONE BERN EDVIS DONIS COURT DONIS	JUTAN 11100 14114 18000 1111 1901
606 BALD EAGLE DR. #200 MARCO ISLAND FL 33837 US		606 BALD EAGLE DR.	#200		
		MARCO ISLAND FL 33937 US		DO NOT WRITE IN THIS SPACE	
L				12/28/1994	
<u></u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# Alc	Suite, Apt. #, etc.		65-0558414	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		8. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	X Yes No
	9. Name and Address of Curre		15-4	10. Name and Address of New Registers	d Agent
WE	BSTER, RONALD S		81 Name		
ROYAL PALM MALL			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
985 N. COLLIER BLVD.					
MARCO ISLAND FL 33937			83		
			84 City		. 85 Zip Code
	_			F	L _
office or ragent. I a	registered agent, or both, in the State registered agent, or both, in the State rm familiar with, and accept the oblight Signature, typed or printed have of registered agent.	gations of, Section 607.0505, I	utes, the above-hamed constant sauthorized by the corporational Statutes. Ote: Registered Agent signature requ	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PST	☐ DELETE	1.1 TITLE		Change Addition
NAME	\$CHULZE, HERMANN J JR.		1.2 NAME		
STREET ADDRESS	606 BALD EAGLE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 33937		1.4 CITY-ST-ZIP		
TITLE		☐ DELET E	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	::	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE	-	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
THILE		☐ DELET é	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	· ·	
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Dec exe	5.4 CITY-ST-ZIP		[] Ohanna [] 7.4399
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		

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.

Mar 30 1998 8:00am

Secretary of State