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

5605 SW1414 AVE

DOCUMENT # P94000093791 (9)

Country

9. Name and Address of Current Registered Agent

25

SCHMITZ. WERNER 4703 S.W 24TH PLACE

CAPE CORAL FL 33914

SCHMITZ CORPORATION

2. Principal Place of Business

Suite. Apt. #. etc.

City & State

21

22

23

24

Zip

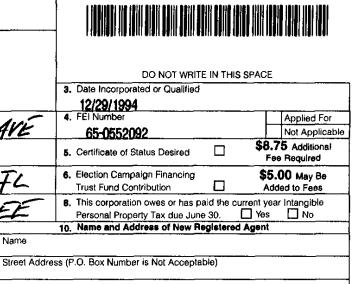
Principal Place of Business Mailing Address 4703 SW 24TH PL 4703 SW 24TH PL CAPE CORAL FL 33914 CAPE CORAL FL 33914

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2a. Mailing Address

Suite, Apt. #, etc.

FILED Mar 27 1998 8:00am Secretary of State



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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME **SCHMITZ, WERNER** 1.2 NAME CR2E034 4703 SW 24TH PL STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SCHMITZ, HANNELORE NAME 2.2 NAME 4703 SW 24TH PL STREET ADDRESS 2.3 STREET ADDRESS CAPE CORAL FL 33914 2. 4 C(TY - ST - Z(P CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE HELLER, VINE 5605 Shi 14th AVE 33914 Capelona 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE 4.1 TITLE HELLER, INCRID 4. 2 NAME 5605 SW 1444 AVE 33914 Capelonal STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME 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 girrue annual current 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 trusted employed 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?

81 Name

82

83 84 City