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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000009680 (6)**

1. Corporation Name
GLORIA JEAN SCHMITTEN, P.A.

Principal Place of Business	Mailing Address
~~5161 W. OAKLAND PARK~~ ~~C104~~ ~~FT. LAUDERDALE FL 33323~~ US	~~5161 W. OAKLAND PARK~~ ~~C104~~ ~~FORT LAUDERDALE FL 333134579~~ US

3. Date Incorporated or Qualified: 02/06/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 213 McCOY DR
22: Suite, Apt. #, etc.
23: City & State: LAKE PLACID, FL
24: Zip: 33852
25: Country: HIGHLANDS

2a. Mailing Address
26: 213 McCOY DR
27: Suite, Apt. #, etc.
28: City & State: LAKE PLACID, FL
29: Zip: 33852
30: Country: HIGHLANDS

4. FEI Number: 65-0553071 — [X] 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 has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

~~GLORIA J. SCHMITTEN~~
~~5161 W. OAKLAND PARK~~
~~C104~~
~~FT. LAUDERDALE FL 33134~~

10. Name and Address of New Registered Agent

81 Name: GLORIA J. SCHMITTEN
82 Street Address (P.O. Box Number is Not Acceptable): 213 McCOY DRIVE
83:
84 City: LAKE PLACID FL 85 Zip Code: 33852

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: Gloria J. Schmitten — DATE: 2/1/97
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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHMITTEN, GLORIA J ~~1052 NORTHWEST 120 AVENUE~~ ~~FORT LAUDERDALE FL 33323~~ [ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SCHMITTEN, GLORIA J 213 McCOY DRIVE LAKE PLACID, FL 33852 [X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E034 (9/96)

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 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.

SIGNATURE: Gloria J. Schmitten — 2/1/97 — (954-742-5793)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #