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 # P95000024423 (2)

KAREN ANN SCHNEIDER, INC.

FILED Feb 03 1997 8:00am Secretary of State

Principa! Place	cipal Place of Business Mailing Address		- L HORFINGEL DIN INDOL DINAK ORFIN ODDIN ODDIL BRITE FIRMI ODDIL OFDIN FIRMO DINI DODL		
B013 NW 108 /		8013 NW 108 AVE			
TAMARAC FL		TAMARAC FL 33321-1131			
				3. Date Incorporated or Qualified 03/24/1995	3a. Date of Last Report 04/02/1996
2. Principal Pl	lace of Business	2a. Mailing Address	1 - 1 -	4. FEI Number	Applied For
21 6+5	RANDY CANE	26 675 RANI	4 LANE	65-0564122	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 FT M	WERS BUH, FL	City & State 28 FT MYELS A	BEACH, FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3390	31 Country	Zip 333731 30	Country Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
	9. Name and Address of Current			10. Name and Address of New Rec	
SCH	INERIDER, KAREN A		81 Name		
8013 NW 108 AVE TAMARAC FL 33321			82 Street Add	dropp 40 O. Pau Number is Not Assessed	-1
			7	dress (P.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
11 Durament	to the new signs of Continue CO7 OFOG	and 607 1500 Florida Statutas	FTN	MERS BEACH	FL!!3シでろ/
office or re	egistered agent, or both, in the State of many states are familiar with and accordate the obligations.	of Florida Such change was auth	orized by the corpora	rporation submits this statement for the pration's board of directors. I hereby accep	t the appointment as registered
	ri iginina witi, and according	ions of, Spelion 607.0303. Florid	Joint	ز	14/92
SIGNATURE	Signature, typed or printed name of registered agen	Land tille Landerton A. Steen	OF THE PARTY OF THE PROPERTY O	uired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
THLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	SCHNEIDER, KAREN A		1.2 NAME		
STREET ADDRESS	8013 NW 108 AVE		1.3 STREET ADDRESS	075 KANDY CAND	<u> </u>
CITY-ST-ZIP	TAMARAC FL 33321		1.4 CITY-ST-ZIP	T. MUERS BEACH	12 33931
TITLE		☐ DELETE	2.1 TITLE	,	L Change Addition
NAME			2.2 NAME	•	
STREET ADDRESS			2 3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
CHTY - ST - ZIP		DELETE	2 4 CITY-ST-ZIP		[] A [] (Addis.
TiTLE		L. DELETE	3.1 TITLE		Change Addition
NAME		•	32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		beerie	4. 2 NAME		C Annual C Vocation
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZiP			4.4 City+St-ZiP		
1IILE		DELETE	51 TITLE		Change Addition
NAME		_	5.2 NAME		_ • •
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-7IP			5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		_ _ .
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY - ST - ZIP		

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 3 if changed, or own attrichment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

704-860-5