FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90159 013 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000024423**1. Corporation Name

KAREN /	ANN SCHNEIDER, INC				
Principal Place	e of Business	Mailing Address		- -	11 1 44 7
675 RANDY LANE 675 RANDY LANE FT MYERS BCH FL 33931 FT MYERS BCH FL 33931 US US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
				03/24/1995	
Principal Place of Business 2a. Mailing Address			/ 54	4. FEI Number Applied F	
21 675 RANDY LANE 26 675 RAND		y LANGE	65-0564122 Not Appl		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		Suite, Apt. #, etc.	,	5. Certificate of Status Desired See Required	
		City & State	-	6. Election Campaign Financing S5.00 May.	ie
23 FT. MYERS BEACH FL 28 FT. MYERS		BENCH FC	Trust Fund Contribution Added to Fee		
Zip Country Zip $(24) 33931$ $(25) USA$ $(29) 33931$ (30)		Country USA	8. This corporation owes the current year Intangible Personal Property Tax.		
				10. Name and Address of New Registered Agent	
SCHNERIDER, KAREN A			81 Name		
675 RANDY LANE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
FT MYERS BCH FL 33931			83		-
			04 07	■■ 85 Zip Code	
			84 City	FL	
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		distered Agent signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
12.	OFFICERS AND	DIRECTORS	13.		Addition
NAME	SCHNEIDER, KAREN A		1.2 NAME		
STREET ADDRESS	675 RANDY LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐	Addition
NAME			2.2 NAME		
STREET ADDRESS	· .	•	2.3 STREET ADORESS		ļ
CITY-ST-ZIP	•	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	☐ Change	Addition
NAME		Deterie	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4, CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	Addition
NAME .			4. 2 NAME		
STREET ADDRESS	,		4.3 STREET ADDRESS		
CITY-ST-ZIP	4 (1.4)	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change	Addition
TITLE NAME			5.1 TITLE 5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CiTY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐	Addition

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, with all other like ampowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS