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

PROFIT CORPORATION **ANNUAL REPORT**



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000040188 (1)

SCHAEFER TECHNOLOGY, INC.

FILED May 01 1997 8:00am Secretary of State



						' 	2)()
Principal Place of Business Mailing Address							
2071 S. WATERWAY DRIVE 2071 S. WATERWAY DI NORTH PALM BEACH FL 33408 NORTH PALM BEACH I							
NORTH PALM	BEACH FL 33408	NORTH PALM BEACH FL	. 33900-2738				
					3. Date Incorporated or Qualified	3a. Date of Last	Report
					05/22/1995	03/14/1996	6
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	+-	Applied For
21	26						Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	1 1	Additional
27 City & State City & State						Required	
					6. Election Campaign Financing Trust Fund Contribution		O May Be
Zip			Count	rv	Trust Fund Contribution		
24			30	Florida Statutes Yes No		8. 199.032,	
	9. Name and Address of Curren				10. Name and Address of New Re		
-SCI	HAEFER, THOMAS C		8	1 Name			
	1 SOUTH WATERWAY DRIVE		8	2 Street Ade	dress (P.O. Box Number is Not Acceptat	alo.\	
N F	PALM BEACH FL 33408			2 Sirect Add	louress (F.O. Dox Nomber is Not Acceptable)		
€			8	3			
			8	4 City		85 Zi	p Code
				1,			ĺ
SIGNATURE	Signature, typed or printed name of registers lage	nt and tille if applicable. (NO	III Registered A		poration submits this statement for the pation's board of directors. I hereby acception when resistancy ADDITIONS/CHANGES TO OFFIC	DATE / 1/	
12.			13. 1.1 DILE		ADDITIONS/CHANGES TO OFFIC	Chang	
NAME	SCHAEFER, THOMAS C			1			
STREET ADDRESS	AATA A WATERWAY ROUT			ET ADDRESS			
CITY-ST-ZIP	N DAIM DEACH EL 22400		1.4 CITY	1			
TITLE			2.1 TITLE			Chang	e [] Addition
NAME	2.2		2.2 NAM	F			
STREET ADDRESS			2.3 STRE	FT ADDRESS			
CITY-ST-ZIP			2. 4 CITY	'-S1-ZIP			
TITLE		☐ DELETE	3 1 THILE			Chang	e Addition
NAME			3.2 NAM	f			Ì
STREET ADDRESS	1		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP		T Dr. Fre		- S1 - 2IP		<u> </u>	_ Tabe.
TITLE		☐ DELETE	4.1 TITLE	ì		Chang	e L_ Addition
NAME OTOGET A PODGED			4. 2 NAW				
STREET ADDRESS			Ti i	ET ADORESS		1	
CITY-ST-ZIP TITLE		DELETE 51%		- ST - 7IP		CMing	e La Addition
NAME		F-1 Perell	5.2 NAM				1100
STREET ADDRESS				ET ADDRESS		2h	M/14/1
CITY-ST-ZIP			5.4 CITY			<i>I I I I</i>	1111
TITLE		☐ DELETE	6.1 TITLE			[Z Chang	e Addition
NAME			6.2 NAM	£	20000219	eqq79	
STREET ADDRESS			6.3 STRE	EL ADDRESS	20000216 -05/05/97010	39013	
CITY-ST-ZIP			64 CNY	- ST - ZIP	***165.00	oo oxo	

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