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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

DOCUMENT # **P95000059769** (6) J. SCHMIDT FLORIDA CORP.

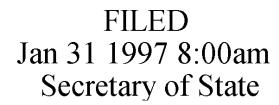
Principa! Place of Business

Mailing Address

158 SOUTH EAST 5TH STREET

SIGNATURE:

158 SOUTH EAST 5TH STREET





Suite, Apt #, ctc.  Suite, Apt #, ctc.  Suite, Apt #, ctc.  Suite, Apt #, ctc.  Cay & State  City & State  Sincert Address of Current Registered Agent  NICKEL, GUDRIN MARIA P.A. 330 Fifth AVENUE, SOUTH, #200  NAPLES FL 33940  11. Pursuant to the provisions of Section 607.0502 and 607 total. Such change was authorized by the cooporation submits this statement for the purpose of changing its registe office or segistated agent, or both, in the State of Fords. Such change was authorized by the cooporation submits this statement for the purpose of changing its registe office or segistated agent, or both in the State of Fords. Such change was authorized by the cooporation submits this statement for the purpose of changing its registe office or segistated agent, or both in the State of Fords. Such change was authorized by the cooporation submits this statement for the purpose of changing its registe office or segistated agent, or both in the State of Fords. Such change was authorized by the cooporation submits this statement for the purpose of changing its registe office or segistated agent, or both in the State of Fords. Such change was authorized by the cooporation submits this statement for the purpose of changing its registe office or segistated agent, or both in the State of Fords. Such change was authorized by the cooporation submits this statement for the purpose of changing its registe office or segistated agent, or both in the State of Fords. Such change was authorized by the cooporation submits this statement for the purpose of changing its registed office or segistated agent and the fragment of directors. Thereby accepts the appointment as registed agent, or both in the State of Fords. Such change was authorized by the cooporation submits this statement for the purpose of changing its registed agent a	CAPE CORAL FL	33990	CAPE CORAL FL 33990-1055						
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28		Country			Countr				***************************************
NICKEL, GUDRIN MARIA P.A. 335 FIFTH AVENUE, SOUTH, #200 NAPLES FL 33940  18 Street Address (P.O. Box Number is Not Acceptable)  19 Street Address (P.O. Box Number is Not Acceptable)  10 Prise and to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its register 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 register agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statules.  SIGNATURE  SIGNATURE  OFFICIERS AND DIRECTORS  19 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE PSTD OFFICERS AND DIRECTORS  11 STREET ADDRESS  STREET ADDRESS  CITY-S1-2P  THE OPERATORS SIGNATURE  22 SAME  23 SIRRET ADDRESS  CITY-S1-2P  THE OPERATORS SIGNATURE  31 STREET ADDRESS  CITY-S1-2P  THE OPERATORS SIGNATURE  33 STREET ADDRESS  CITY-S1-2P  THE OPERATOR SIGNATURE  34 STREET ADDRESS  CITY-S1-2P  THE OPERATOR SIGNATURE  35 STREET ADDRESS  CITY-S1-2P  THE OPERATOR SIGNATURE  36 STREET ADDRESS  CITY-S1-2P  THE OPERATOR SIGNATURE  31 STREET ADDRESS  CITY-S1-2P  THE OPERATOR SIGNATURE  32 STREET ADDRESS  CITY-S1-2P  THE OPERATOR SIGNATURE  33 STREET ADDRESS  CITY-S1-2P  THE OPERATOR SIGNATURE  34 STREET ADDRESS  CITY-S1-2P  THE OPERATOR SIGNATURE  41 THE OPERATOR SIGNATURE  42 SAME  43 STREET ADDRESS  CITY-S1-2P  THE OPERATOR SIGNATURE  44 STREET ADDRESS  CITY-S1-2P  THE OPERATOR SIGNATURE  44 STREET ADDRESS  CITY-S1-2P  THE OPERATOR SIGNATURE  45 STREET ADDRESS  CITY-S1-2P  THE OPERATOR SIGNATURE  46 STREET ADDRESS  CITY-S1-2P  THE OPERATOR SIGNATURE  47 STREET ADDRESS  CITY-S1-2P  THE OPERATOR SIGNATURE  48 STREET ADDRESS  ADDITION SIGNATURE  49 STREET ADDRESS  ADDITION SIGNATURE  51 STREET ADDRESS  CITY-S1-2P  THE OPER	<del>-,</del> '		<u>├</u>	-	Country	ſ			der s. 199.032,
NICKEL, GUDRUN MARIA P.A. 350 FIFTH AVENUE, SOUTH, #200 NAPLES FL 33940  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 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 register agent, and maritamiliar with, and accept the obligations of, section 607 0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	4			[30]					<del></del>
350 FIFTH AVENUE, SOUTH, #200 NAPLES FL 33940  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zip Code  85 Zip Code  11. Pursuant to the provisions of Sections 607 (E07 and 607 1508, Florida Statutes the above-named corporation submits this statement for the purpose of changing its register of eightened agent, or both in the State of Florida. Such changes are authorized by the corporation's board of directors. I hereby accept the appointment as register agent with the purpose of changing its register agent and tental width, and accept the obligations of, Section 607 (905, Florida Statutes.)  SIGNATURE    12.	NICKE	····			81	Name	19, 110, 110, 110, 110, 110, 110, 110, 1		<del></del>
NAPLES FL 33940  83  City  FL 85 Zip Code  1.1. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-name or organisms submits this statement for the purpose of changing lits register of agent. I am lamiliar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature (registered agent, or both, in the State of Florida: Such change was authorized by the corporation's board of directors. I hereby accept the appoinment as register agent, and lamiliar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature (registered agent) or both, in the State of Florida: Such change was authorized by the corporation's board of directors. I hereby accept the appoinment as register agent agent with minimating.  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Agent agent with minimating.  SCHMIDT, JUERGEN  13. STREET ADDRESS  CITY-ST-2IP  SCHMIDT, JUERGEN  13. STREET ADDRESS  CITY-ST-2IP  13. STREET ADDRESS  14. CITY-ST-2IP  13. STREET ADDRESS  14. CITY-ST-2IP  Change Address 2.2 STREET ADDRESS  2.4 CITY-ST-2IP  Change Address 3.2 NAME  3.2 NAME  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-2IP  Change Address 3.3 STREET ADDRESS  CITY-ST-2IP  Change Address 3.3 STREET ADDRESS  CITY-ST-2IP  Address 3.3 STREET ADDRESS  CITY-ST-2IP  Change Address 3.3 STREET ADDRESS  CITY-ST-2IP  Address 3.3 STREET ADDRESS  CITY-ST-2IP  Change Address 3.3 STREET ADDRESS  CITY-ST-2IP  Change Address 3.3 STREET ADDRESS  CITY-ST-2IP  Address 3.3 STREET ADDRESS  CITY-ST-2IP  Change Address 3.3 STREET ADDRESS  CITY-ST-2I									
B3						82 Street Address (P.O. Box Number is Not Acceptable)			
The Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signorar space or period name of registered agent also if applicable. (NOTE Registered Agent sgrature required when reinstalling)  DATE  12. OFFICERS AND DIRECTORS  Signorar space or period name of registered agent sgrature required when reinstalling)  DATE  12. OFFICERS AND DIRECTORS  Signorar space or period name of registered agent sgrature required when reinstalling)  DATE  Signorar space or period name of registered agent sgrature required when reinstalling)  DATE  Signorar space or period name of registered agent sgrature required when reinstalling)  DATE  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Add  NAME  STREET ADDRESS  CITY- SI- 72IP  TITLE  DELETE  SITTINE  DELETE  SITTINE  DELETE  SITTINE  Change Add  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Add  Add Chiry- SI- 72IP  TITLE  Change Add  Add Chiry- SI- 72IP  TITLE  DELETE  SITTINE  DELETE  SITTINE  Change Add  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Add  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  STREET ADDRESS  CITY- SI- 72IP  TITLE  SITTINE  SITTINE  SITTINE  Change Add  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Add  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  STREET ADDRESS  CITY- SI- 72IP  TITLE  SITTINE	TI/U LI	LO 1 L 00010			83	<del></del>		**********	
The 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 register of 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature specified 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 register applications of the purpose of changing its register applications.  SIGNATURE  Signature specified agent, or both, in the State of Florida Statutes.  SIGNATURE  Signature specified agent, or both, in the State of Florida Statutes.  PSTD  Signature specified agent, or both, in the State of Florida Statutes.  PSTD  Signature specified agent, or both, in the State of Florida Statutes.  Signature specified agent, or both, in the State of Florida Statutes.  PSTD  Signature specified agent, or both, in the State of Florida Statutes.  PSTD  Signature specified agent, or both, in the State of Florida Statutes.  PSTD  Signature specified agent, or both, in the State of Florida Statutes.  PSTD  Signature specified agent, or both in the State of Florida Statutes.  PSTD  Signature specified agent, or both in the State of Florida Statutes.  PSTD  Signature specified agent, or both in the State of Florida Statutes.  PSTD  Signature specified agent, or both in the State of Florida Statutes.  PSTD  Signature specified agent agen					L				
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Signature   Sign	office or re-	gistered agent, or both, in the S	itate of Florida. Such chang	ge was autho	prized b	y the corpora	ation's board of directors. I hereby accep	it the appointmen	nt as registered
Signal was special or protect or regished appellation   Change   Change   Change   Change   Applied   Change	3	патинат <b>w</b> ил, али ассери те о	pligations of, accirgit out a	JJUJ, FIURIDA	Sidiule	<b>S</b> .			
12.	SIGNATURE :	Danatine Typod or printed harrie of registere	d ageol and title if applicable.	(NOTE Rec	islered Ag	ent signature region	uired when reinstating)	DATE	····
NAME   SCHMIDT, JUERGEN   1.2 NAME   1.3 STREET ADDRESS   CAPE CORAL FL 33990   1.4 CITY-51-ZIP				ī	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	CTORS IN 12
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CAPE CORAL FL 33990					1.2 NAME				
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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	information	undicated on this annual report	or supplemental annual re	eport is true a	and acc	urate and the	at my signature shall have the same lega	I effect as if mad	le under oath; i
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 applicachment with an address.	I am an off	licer or director of the corporation	on or the receiver or trustee	empowered	d to exe	cute this rep	ort as required by Chapter 607, Florida 9	tatutes; and that	my name