

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000071900 (1)

1. Corporation Name

SCHOONER HEARTS DESIRE INC.



Principal Place of Business

602 NORTHWEST 7TH STREET  
DELRAY BEACH FL 33444

Mailing Address

602 NORTHWEST 7TH STREET  
DELRAY BEACH FL 33444

2. Principal Place of Business

21 1403 Ridgeway E.

Suite, Apt. #, etc.

22

City & State

23 Arnold, Md.

Zip

24 21012

Country

25 USA

2a. Mailing Address

26 1403 Ridgeway E.

Suite, Apt. #, etc.

27

City & State

28 Arnold, Md

Zip

29 21012

Country

30 USA

3. Date Incorporated or Qualified

09/18/1995

3a. Date of Last Report

4. FEI Number

650607580

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

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 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 corporation and Florida Statute 607.0505)

Signature typed or printed (Name of registered agent and Florida Statute 607.0505)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME MATICHAK, STEPHEN M  
STREET ADDRESS 602 NORTHWEST 7TH STREET  
CITY-STATE-ZIP DELRAY BEACH FL 33444

TITLE D ☐ DELETE  
NAME MATICHAK, MARY F  
STREET ADDRESS 602 NORTHWEST 7TH STREET  
CITY-STATE-ZIP DELRAY BEACH FL 33444

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME Matichak, Stephen M  
1.3 STREET ADDRESS 1403 Ridgeway E.  
1.4 CITY-STATE-ZIP Arnold, Md. 21012

2.1 TITLE VS ☒ Change ☐ Addition  
2.2 NAME Matichak, Mary F  
2.3 STREET ADDRESS 1403 Ridgeway E.  
2.4 CITY-STATE-ZIP Arnold Md 21012

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Stephen M Matichak - Stephen M Matichak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

DATE

410.349.1713

Daytime Phone #

CR2E034 (12/95)