Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90016 014 \*\*\*158.75

## 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 # P95000081407

1. Corporation Name

SOCIAL AND ECONOMICAL RESEARCH, INC.

Principal Place of Business Mailing Address				_	1 10811001 118 10101 0111 60111 00111 01111	il imimi (ikil mini) m		
517 WHITEHEAD ST 1107 KEY PLAZA								
KEY WEST FL 33040 #134					DO NOT WIRITE IN TH	C CDACE		
US KEY WEST FL 33040					3. Date Incorporated or Qualifed	DO NOT WRITE IN THIS SPACE		
		US			10/24/1995			
2 Dringing P	lace of Business	2a. Mailing Address			4. FEI Number	Ann	olied For	
	IACE OF DUSINESS	<u> </u>			65-0626675	<u> </u>	Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.		_		\$8.75 A		
22	<i>n</i> , 000.	27			5. Certifcate of Status Desired	Fee Rec		
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00	Mav Be	
23		28			Trust Fund Contribution	Added to	· ·	
Zip	Country	Zip	Coun	try	8. This corporation owes the current year I	ntangible		
24	25	29	30		Personal Property Tax.		No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent		
			[	B1 Name				
SCHNEIDER, WILLI 1901 S. ROOSEVELT BLVD. 204 N			H	32 Street Ad	ess (P.O. Box Number is Not Acceptable)			
KEY	WEST FL 33040		1	33				
			- h	B4 City		. 85 Zip C	ode	
ļ.				1 1	<u></u>	L   '   '		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove-named co	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its i	registered iistered	
onice or r agent. I a	egistered agent, or both in the state of m familiar with, and accept the obligation	ons of, Section 607.0605, Riori	igia. Statuj	es./	ation's board of directors. Thereby accept the app	6100		
SIGNATURE	7 1	11100		Lines	945	4/47	\	
	Signatur ypen or printed hame of egisterey agent			gent signature req	uired when reinstating) DATE	LID DIDECTOR	DO IN 40	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE	PT	☐ DELETE	1.1 ΠΠ.	_		☐ Orlange		
NAME SCHNEIDER, WILLI			1.2 NAN					
STREET ADDRESS	1901 S ROOSEVELT BLVD, #20	4 NUKIT		EET ADDRESS			}	
CITY-ST-ZIP	KEY WEST FL	□ DELETE		/-ST-ZIP		Change	Addition	
TITLE	VS	<del></del>	2.1 TIŢI. 2.2 NAA			Orlange	[_] F\u0011011	
NAME	SCHEPERS-SCHNEIDER, DOROTHEE						[	
STREET ADDRESS	1901 S ROOSEVELT BLVD SUIT	E 204 NORTH	ı	EET ADDRESS				
CITY-ST-ZIP	KEY WEST FL			Y-ST-ZIP		Change	Addition	
TITLE	,		3.1 TITL 3.2 NAM			□a,		
NAME .	• ,				a y transfer of the second of	-	*	
STREET ADDRESS				EET ADDRESS				
C/TY-ST-ZIP			3.4. CIT	Y-ST-ZIP		Change	Addition	
TITLE	`		4. 2 NA			_ · · J.		
NAME								
STREET ADDRESS	·			EET ADDRESS				
CITY-ST-ZIP		☐ DELETE	5.1 TITL	∕-ŞT-ZIP ¢		☐ Change	Addition	
		م بعد ا	5.1 NA	4				
NAME STREET ADDRESS				EET ADDRESS			J	
STREET ADDRESS	**			-ST-ZIP				
CITY-ST-ZIP TITLE			_				Addition	
11100		□ DELETE	6.1 TIT	E		Change	L Addition I	
NAME		☐ DELETE	6.1 IIII	Į.		Change	L. Addition	
NAME STREET ADDRESS		☐ DELETE	6.2 NA	Į.		Change		

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 suppliemental 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 empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP