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 # P95000091782

1. Corporation Name

SCHIELER BROTHERS, INC.

Principal	Place	of	Business
-----------	-------	----	----------

Mailing Address

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90056 031 ***150.00



4913 TRASKWO TAMPA FL 3362	TRASKWOOD CT. 4913 TRASKWOOD CT. A FL 33624 TAMPA FL 33624		3. Date Incorpor	DO NOT WRIT	E IN THIS	SPACE		
				11/30/1999	5			
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number			Ap	plied For
	116 BENNINGTON DR.		JUNOT-JUNIALA	re 59-335476	i 1 .		No	t Applicable
ا کے الع Suite, Apt. i		Suite, Apt. #, etc.	1014.1.5 - 1 - 1 - 1				\$8.75	dditional
22	rr, 0.0.	27		5. Certifcate of S	Status Desired		Fee Re	quired
City & State	3	City & State		6. Election Cam	naion Financino		\$5.00	May Re
	SLEY CHAPEL, FL	28 WESLEY CH	IAPEL , FL	Trust Fund Co			Added t	
Zip	Country	Zip	Country		on owes the curre	ent year Inta	angible	
24 3354	14 [25] U.S.A.	29 33544 30	a USA.	Personal Prop	erty Tax.		☐ Yes	I No
	9. Name and Address of Current	Registered Agent		10. Name and A	ddress of New R	egistered a	Agent	
• •			81 Name	C+	7 Carre	. = 1		
SCHIELER, STUART B			STUART S	er is Not Accenta	ble)			
4913	TRASKWOOD CT.		OZ Sileel Ad	28716 BEN	JN W (-10N	Da.		
TAMI	PA FL 33624		83	<u> </u>	- (- (J- C) (
							11 5 : /	
			84 City	ور می این این این این این این این این این ای	APEL	FL	85 Zip (544 544
44	1 th 100 100 100 000 000 000 00		the above-named co	ESLEY CH	statement for the		<u>ری</u> changing its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	Florida, Such change was aut	horized by the corpora	ation's board of director	s. I hereby accep	t the appoir	ntment as re	gistered
agent. I ar	m familiar with, and accept the obligation	ons or, Section 607.0003, Florid	la Statutes.			الباليا		
SIGNATURE	Thank B. 3cho	ulu (Pres.)				4/19/9	9	
	Signature typed or printed name of registered agent a		egistered Agent signature requ		HANGES TO OFF	DATE /	D DIBECTO	DC IN 12
12.	OFFICERS AND		13.	3			Change	Addition
TITLE	Р	DELETE	1.1 TITLE	P Schieler,S 28716 Beni	TUART B		My Change	☐ Addidon
NAME	SCHIELER, STUART B		1.2 NAME	Schleren, 3	NUMET CAL D	R.		
STREET ADDRESS	4913 TRASKWOOD CT.		1.3 STREET ADDRESS	28110 DEM	Arlans.		n= -111	
CITY-ST-ZIP	TAMPA '		1.4 CITY-ST-ZIP		GHUAFF	<i>L</i> 1	33244	
TITLE	17 11717 7 1		1.4 CHT-31-ZIF	MESTER				
	1 wite 1	☐ DELETE	2.1 TITLE	MESTER BEN			☐ Change	Addition
NAME		☐ DELETE	•	MESTER		, • =	Change	☐ Addition
·	:-	☐ DELETE	2.1 TITLE	MESTER			☐ Change	Addition
STREET ADDRESS		☐ DELETE	2.1 TITLE 2.2 NAME	MESTER			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	Mester			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Mester				
STREET ADDRESS CITY-ST-ZIP TITLE NAME			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	Mester				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	t-		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	Mester				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	en de la companya de		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	Mester				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	t-	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	Mester			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	t-	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	Mester			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	t-	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	Mester			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	t-	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Mester			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	t-	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	Mester			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	t-	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Mester			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	t-	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	Mester			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	t-	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Mester			☐ Change ☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	t-	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	Mester			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	t-	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	Mester			☐ Change ☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	t-	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	Mester			☐ Change ☐ Change	Addition Addition

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 of 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 an attachment with an address, with all other like empowered.

SIGNATURE: