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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000001682 (9)

SCHLECHT GROUP, INC.

FILED May 11 1998 8:00am Secretary of State

Principal Place of Business Mailing Address										·
- WILLIAMS SILVERS & OLASSMAN					- WHUCHES SILVERS & GLASSMAN					
-1140-KANE-OONOOURSE, FIFTH FLOOR- BAY-HARBOR ISLANDS FL 33154			•	-1140 KANE OONOOURSE, FIFTH FLOOR -BAY HARBOR ISLANDS FL 23154					•	DO NOT WRITE IN THIS SPACE
,										3. Date Incorporated or Qualified
										12/26/1995
2. Principal Place of Business				2a. Mailing Address					•	4. FEI Number Applied For
21 1140 KANE CONCOURSE				26 1140 KANE CONCOU				JKSE		65-0627593 Not Applicable
Suite, Apt. #, etc. FIFTH FLOOR				Suite, Apt. #, etc. 27 FIFTH FLOOR						5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State				City & State						
23 BAY H.	BAY HARBOR ISLANDS, FL			28 BAY HARBOR ISLAN			AND	. 24	FL.	6. Election Cempaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Z _i p	,	Country	1	Zip		(Country	- 1		8. This corporation owes or has paid the current year Intangible
24 33154	<u> </u>	25	29		3154	30				Personal Property Tax due June 30. Yes No
Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent
	VERS, ROE						81 Name			
		ONCOURSE					82 Street Address (P.O. Box Number is Not Acceptable)			
	TH FLOOR	0454				83				
DA	Y HARBOR	3154				•3	1			
							84	С	ty	FL 85 Zip Code
11. Pursuant	to the provis	ions of Sections 6	07.0502 and	607.150	08. Florida State	utes the	Apov	n-na	med corr	
office or r	egistered ag	ent, or both, in the	e State of Flo	rida Su	chi change was	s authori	ized b	y the	corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
	irit terrimieri wi	in, and access in	e ornigations	OI, SUCL	юп 607.0505, г	rionoa a	statute	S .		
SIGNATURE	Signature, typed	or printed name of regis	terec agent and to	tio d appic	ablo (NC	OTF: Regis	tered Ag	ent sig	nature requir	ired when reinstating) DATE
12.		OFFICE	RS AND DIR	ECTORS	3	1	3.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D				DELETE	1	1 TITLE			Change Addition
NAME		HT, ARTHUR				2 NAME				
STREET ADDRESS	i e	SE FIFTH F				3 STREET	T ADDO	RESS		
CITY - ST - ZIP	BAY HARBOR ISLANDS FL 33154				—	1.4 CITY-ST-ZIP				
TITLE							1 THLE			L_ Change Addition
NAME						2 NAME			· ·	
STREET ADDRESS	>>						3 STREET			
CITY-ST-ZIP TITUE					DELETE		2. 4 CITY - ST - ZIP 3.1 TITLE		<u> </u>	☐ Change ☐ Addition
NAME							2 NAME			
STREET ADDRESS							3 STREET	T ADDE	ess	
CITY-ST-ZIP	ì				34.0					
TITLE					DELETE		1 TITLE	J. EN		☐ Change ☐ Addition
NAME						4.	2 NAME		- 1	
STREET ADDRESS						4.3	3 STREET	T ADDF	IESS	
CITY-ST-ZIP						4,	4 CITY-S	ST-ZIP		
TITLE					DELETE	5.	1 TITLE			☐ Change ☐ Addition
NAME						5.3	2 NAME			
STREET ADDRESS						5.3	3 STAEET	ADDF	ESS	
CITY+ST-ZIP					DELETE	5.4	4 CITY - S	ST - ZIP		
TITLE						6.1 TITLE				☐ Change ☐ Addition
NAME						6.3	2 NAME			
STREET ADDRESS						6.3	3 STREET	ADDF	ESS	
CITY-ST-ZIP	contiles the early	h information of	des el colta el	400			CITY-S			0
indicated -	on this annu	al report or supple	ernental annu	al repor	t is true and ac	curate a	end th	at m	v signatur	Section 119.07(3)(i), Florida Statutes. I further certify that the information are shall have the same legal effect as if made under oath; that I am an
officer or o	director of the	e corporation or the changes, or on a	ne receiver o	r trusteo	empowered to	execut	e this	repo	rt as requ	uired by Chapter 607, Florida Statutes; and that my name appears in