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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

**FILED** Apr 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** P96000028386 (6) SCHWARZE CUSTOM BUILDERS, INC. Principal Place of Business Mailing Address 218-A E EAU GALLIE BLVD. SUITE 100 218-A E EAU GALLIE BLVD. SUITE 100 INDIAN HARBOUR BEACH FL 32937 INDIAN HARBOUR BEACH FL 32937 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1996 2. Principal Place of Business Mailing Address Applied For 21 26 59-3377082 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHWARZE, ERIC D 218-A E EAU GALLIE BLVD, SUITE 100 82 Street Address (P.O. Box Number is Not Acceptable) **INDIAN HARBOUR BEACH FL 32937** 83 84 City 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 proced hance of registered agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 11 TITLE Change Addition SCHWARZE, ERIC D NAME 1.2 NAME STREET ADDRESS 218-A E EAU GALLIE BLVD, SUITE 100 1.3 STREET ADDRESS INDIAN HARBOUR BEACH FL 32937 CITY-ST-ZIP 1.4 CULY - ST - 7/P DELETE TITLE Change Addition 2.1 TITLE SCHWARZE, SHARON W 2.2 NAME 218-A E EAU GALLIE BLVD, SUITE 100 STREET ADDRESS 2.3 STREET ADDRESS INDIAN HARBOUR BEACH FL 32937 CITY-ST-7IP 2 4 City - ST-ZIP DELETE Addition TITLE 31 THLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$1-ZIP DELE1E Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE Addition TITLE ☐ Change 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

(1097

CR2E034

Change

Addition

14. Thereby 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 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

5.4 CITY - ST - ZIP

6 % STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE