**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

33418

BAY COURT

2a. Mailing Address

26 118 VICTORIA

Suite Ant # etc.

## DOCUMENT # P96000034460

1. Corporation Name

2. Principal Place of Business

21 118 VICTORIA

SCHNIER BUILT HOMES, INC.

Principal Place of Business	Mailing Address
102 E ISLANDD AVE PALM BEACH GARDENS FL 33418 US	102 E ISLAND AVE PALM BEACH GARDENS FL US

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90143 035 \*\*\*150.00



Applied For

\$8.75 Additional

Not Applicable

	DO NOT WRITE IN THIS SPACE
3.	Date Incorporated or Qualifed

04/19/1996 4. FEI Number

65-0681164

22		. <u> </u>	27		پخیاد ر	. <del>.</del> .	ب	5. Certificate of Statu	s Desired 🖂	- Fee F	Required													
22 City & Sta	ito.		+=	City & State			-	6. Election Campaign		\$5.00	May Be													
23			28	,				Trust Fund Contril		•	to Fees													
Zip	· ·	Country		Zip	Cou	intry		8. This corporation of		ar Intangible														
24	25	<b>,</b>	29	•	30	•		Personal Property	•	ŬYes	□No													
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent																	
						81	Name		?															
RYAN, JAMES H 701 U.S. 1, SUITE 402 NORTH PALM BEACH FL 33408						82 Street Address (P.O. Box Number is Not Acceptable) 83																		
																							0.5 7:	Cado
													-						84	City		,	FL  85   Zip	Code
11 Pursuani	t to the provisions	of Sections 607 0502	and 60	7.1508. Florida Statute	s. the a	bove	-named corp	pration submits this state	ment for the purpos	se of changing i	s registered													
office or	registered agent	or both, in the State of nd accept the obligation	Florida	i. Such change was at	uthorized	1 by 1	the corporatio	n's board of directors. I	nereby accept the a	ppointment as i	registered													
		nd accept the obligation	iio UI, i	gealen our.usus, Flor	wa stat	uico.																		
SIGNATURE	Signature, typed or prin	nted name of registered agent a	nd title if	applicable. (NOTE	Registered	i Agent	t signature required	when reinstating)	DAT	E														
12.		OFFICERS AND			13.			ADDITIONS/CHAN	GES TO OFFICER	S AND DIRECT	ORS IN 12													
TITLE	PD			☐ DELETE	1.1 T	TLE				☐ Change	Addition													
NAME	SCHNIER, CH	HICK			1.2 N	AME																		
STREET ADDRESS	s 17030 BROO	KWOOD DRIVE			1.3 S	TREET	ADDRESS																	
CITY-ST-ZIP	BOCA RATO	N FL 33496			1.4 C	ITY-ST	r-ZIP																	
TITLE	ST			☐ DELETE	2.1 T	TLE				☐ Change	Addition													
NAME	SCHNIER, ES	STHER			2.2 N	AME																		
STREET ADDRESS	47000 DD00	KWOOD DRIVE			2.3 S	TREET	ADDRESS																	
CITY-ST-ZIP	BOCA RATO				2.40	JTY-S	T-ZIP																	
TITLE	-	**		DELETE	3.1 ∏	TLE	• • •	*	J. 1. 12. 1.	- Change	Addition													
NAME	ì				3.2 N	AME																		
STREET ADDRESS	s				3.3 \$	TREET	ADDRESS .																	
CITY-ST-ZIP					3.4. (	ITY-S	T-ZIP																	
TITLE	1			DELETE	4.1 T	TLE				☐ Change	Addition													
NAME					4.28	IAME																		
STREET ADDRESS	s ·	_			4.3 S	TREET	ADDRESS																	
CITY-ST-ZIP		•			4.4 C	ITY-ST	r-ZIP	_																
TITLE				☐ DELETE	5.1 T	TLE			•	☐ Change	Addition													
NAME					5.2 N	AME			•															
STREET ADDRESS	s				5.3 S	TREET	ADDRESS																	
CITY-ST-ZIP					5.4 C	ITY-ST	Γ- <b>Ζ</b> ΙΡ																	
TITLE				☐ DELETE	6.1 T	TLE	1 "			☐ Change	☐ Addition													
NAME		•			6.2 N	AMÉ				•														
STREET ADDRESS	s	,			6.3 S	TREET	ADDRESS																	
CITY-ST-ZIP					6.4 0	ITY-ST	Γ-ZIP																	
14. I hereby	certify that the inf	ormation supplied with	this fili	ng does not qualify for	the exe	mptic	on stated in 5	ection 119.07(3)(i), Flori	da Statutes. I furthe	er 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, with all other like empowered.

SIGNATURE: