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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000037479 (8)

ROBERT W. SCHULZ, INC.

	1 411 OOFIOLE) IIIO.							<b>####                                   </b>	
Oringland Place	o of Business	Mailing Address					III <b>i i i i</b> i i i i i i i i i i i i i i i		
Principal Place of Business									
17330 W CARNEGIE #206 FT. MYERS FL 33912			17330 W CARNEGIE #206 FT. MYERS FL 33912						
US		US				DO NOT WRITE	E IN THIS SPACE		
						3. Date Incorporated or Qualified			
						05/01/1996			
	lace of Business	2a. Mailing Addre	ess			4. FEI Number	<u> </u>	Applied For	
21		26		65-0661143	<b>***</b>	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7	5 Additional Required			
City & State		City & State	City & State		6 Floring Compaign Financing		<u>`</u>		
23		28		Election Campaign Financing     Trust Fund Contribution		<b>)0</b> May Be ed to Fees			
Zip	Country	Zip	Co	ountry		8. This corporation owes or has pa			
24	25	29	30	•		Personal Property Tax due June	-	☐ No	
	9. Name and Address of Cur	1		Т		10. Name and Address of New Re	egistered Agent		
22	HULZ, ROBERT W			B1 N	ame				
17330 W CARNEGIE #206				<b>82</b> S	treet Addre	ress (P.O. Box Number is Not Acceptable)			
FT. MYERS FL 33912				31 661 AU		( .c. Dox Hamber to Not No optical			
• • •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			B3					
				84 C	ity		85 2	ip Code	
				1 1	-		FLII	•	
11. Pursuant t	to the provisions of Sections 607.	0502 and 607.1508, Florida	a Statutes, the a	above-na	med corpo	oration submits this statement for the pon's board of directors. I hereby acce	purpose of changir	g its registered	
agent. I ar	m familiar with, and accept the ob	oligations of, Section 607.0	505, Florida Sta	atutes.	Corporation	on a board of alreations. I horoby deep	pt tile appeninten	20.000.000	
SIGNATURE				_					
	Signature, typed or printed name of registered				gnature require	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	ODS IN 12	
12.	D	AND DIRECTORS DEL	13.	TITLE		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT		
TITLE	SCHULZ, ROBERT W			NAME					
NAME	17330 W CARNEGIE #206		1.21	I AWAINE	1				
STREET ADDRESS City-St-Zip	17000 TO CANTEGIC FROM		120	CTREET AND	acee				
	ET MYERS EI	:		STREET ADD	· 1				
	FT. MYERS FL	DEL	1.40	CITY-ST-ZI	· 1		-: Chan	ge 🔲 Addition	
TITLE	FT. MYERS FL		.ETE 2.11	CITY-ST-ZI TITLE	· 1		Chan	pe Addition	
TITLE NAME	FT. MYERS FL		.ETE 2.11 221	CITY-ST-ZI TITLE NAME	P		-: Chan	ge Addition	
TITLE NAME STREET ADDRESS	FT. MYERS FL		1.40 LETE 2.11 2.21 2.35	CITY-ST-ZI TITLE NAME STREET ADD	RESS		☐ Chan	ge Addition	
TITLE NAME	FT. MYERS FL		1.4 C ETE 211 22 P 23 S 2.4	CITY-ST-ZI TITLE NAME	RESS	2 <u>\$</u>	- : Chan		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT. MYERS FL	☐ DEL	1.40 LETE 2.11 2.21 2.35 2.4 LETE 3.11	CITY-ST-ZI TITLE NAME STREET ADD	RESS	2 <u>5</u>	Chan		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	FT. MYERS FL	☐ DEL	1.40 ETE 211 221 235 2.4 ETE 3.11 321	CITY-ST-ZI TITLE NAME STREET ADO CITY-ST-Z TITLE	P AESS IP	/ <u>1</u>	Chan		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FT. MYERS FL	☐ DEL	1.40 ETE 211 221 235 2.4 ETE 3.11 321 338	CITY-ST-ZI TITLE NAME STREET ADD CITY-ST-Z TITLE NAME	P RESS IP RESS	7.5.	Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FT. MYERS FL	☐ DEL	1.40 ETE 211 221 235 2.4 ETE 3.11 321 335 34.	CITY-ST-ZI TITLE  NAME STREET ADD CITY-ST-Z TITLE  NAME STREET ADD	P RESS IP RESS	7 h	Chan	ge Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	FT. MYERS FL	☐ DEL	1.40 ETE 211 228 238 2.4 ETE 3.11 328 338 34.	CITY-ST-ZI TITLE NAME STREET ADD CITY-ST-Z TITLE NAME STREET ADD CITY-ST-Z	P RESS IP RESS	7 <u>.</u>	☐ Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	FT. MYERS FL	☐ DEL	1.40 ETE 211 221 233 2.4 ETE 3.11 321 338 3.4 ETE 4.11	CITY-ST-ZI TITLE  NAME STREET ADC CITY-ST-Z TITLE  NAME STREET ADC CITY-ST-Z TITLE	P RESS IP RESS		☐ Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FT. MYERS FL	☐ DEL	1.40 ETE 211 228 2.4 .ETE 3.11 3.21 3.35 3.4 .ETE 4.11 4.2 4.33 4.40	CHY-ST-ZI TITLE NAME STREET ADC CHY-ST-Z TITLE NAME STREET ADC CHY-ST-Z TITLE NAME	P RESS IP RESS		☐ Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FT. MYERS FL	☐ DEL	1.40 ETE 211 228 2.4 .ETE 3.11 3.21 3.35 3.4 .ETE 4.11 4.2 4.33 4.40	CITY-ST-ZI TITLE NAME STREET ADC CITY-ST-Z TITLE NAME STREET ADC CITY-ST-Z TITLE NAME STREET ADC CITY-ST-Z TITLE NAME STREET ADC	P RESS IP RESS		☐ Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTACT TO THE CONTACT TO T	FT. MYERS FL	☐ DEL	1.40 ETE 211 221 233 2.4 ETE 3.11 321 335 34. ETE 4.11 4.2 4.33 4.40 ETE 5.11	CITY-ST-ZI TITLE NAME STREET ADC CITY-ST-Z TITLE NAME STREET ADC CITY-ST-Z TITLE NAME STREET ADC CITY-ST-Z TITLE NAME STREET ADC CITY-ST-ZI TITLE NAME	P RESS IP RESS P		☐ Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	FT. MYERS FL	☐ DEL	1.40 ETE 211 221 233 2.4 ETE 3.11 321 335 34. ETE 4.11 4.2 4.33 4.40 ETE 5.11	CITY-ST-ZI TITLE NAME STREET ADC CITY-ST-Z TITLE NAME STREET ADC CITY-ST-Z TITLE NAME STREET ADC CITY-ST-Z TITLE	P RESS IP RESS P		☐ Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	FT. MYERS FL	☐ DEL	1.40 ETE 211 228 2.38 2.4 ETE 3.11 3.21 3.38 3.4 ETE 4.11 4.2 4.33 4.44 ETE 5.11 5.21 5.36 5.40	CITY-ST-ZI TITLE NAME STREET ADC CITY-ST-Z TITLE NAME STREET ADC CITY-ST-Z TITLE NAME STREET ADC CITY-ST-ZI TITLE NAME STREET ADC CITY-ST-ZI TITLE NAME STREET ADC CITY-ST-ZI CITY-ST-ZI CITY-ST-ZI CITY-ST-ZI CITY-ST-ZI	P AESS IP AESS P P AESS		Chan	ge Addition  ge Addition  ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FT. MYERS FL	☐ DEL	1.40 ETE 211 227 238 2.4 ETE 3.11 327 338 34. ETE 4.11 4.2 4.33 4.44 ETE 5.11 5.27 5.38 5.40 ETE 6.11	CITY-ST-ZI TITLE  NAME  STREET ADC CITY-ST-Z TITLE  NAME STREET ADC CITY-ST-Z TITLE  NAME STREET ADC CITY-ST-ZI TITLE  NAME STREET ADC CITY-ST-ZI TITLE  TITLE  TITLE  TITLE	P AESS IP AESS P P AESS		☐ Chan	ge Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	FT. MYERS FL	☐ DEL	1.40 ETE 211 224 235 2.4 ETE 3.11 321 335 34. ETE 4.11 4.2 4.33 4.44 ETE 5.11 5.21 5.35 5.40 ETE 6.11	CITY-ST-ZI TITLE NAME STREET ADC CITY-ST-Z TITLE NAME STREET ADC CITY-ST-Z TITLE NAME STREET ADC CITY-ST-ZI TITLE NAME STREET ADC CITY-ST-ZI TITLE NAME STREET ADC CITY-ST-ZI CITY-ST-ZI CITY-ST-ZI CITY-ST-ZI CITY-ST-ZI	P  AESS  P  AESS  P  AESS  P	7 £	Chan	ge Addition  ge Addition  ge 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

Da17-08 Due 2/7 58711

**FILED** 

Mar 16 1998 8:00am

Secretary of State