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

PROTT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socrelary of State* DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P96000048056 (1)

ROBERT SCHNEIDER, INC.

Principal Place of Business Mailing Address 2637 E. ATLANTIC BLVD 2637 E. ATLANTIC BLVD. SUITE 101 SUITE 101 DO NOT WRITE IN THIS SPACE POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 3. Date Incorporated or Qualified 06/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □Ño 24 25 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **PAUL MILLMAN CPA** 81 Name 2855 UNIVERSITY DR 82 Street Address (P.O. Box Number is Not Acceptable) **STE 410** 83 **CORAL SPRINGS FL 33065**

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 of the corporation's board of directors. Thereby accept the appointment as registered

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature typed or printed name of regressed and title diapplicable (NOTI: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 TITLE	☐ Change	Addition
NAME	SCHNEIDER, ROBERT		1.2 NAME		
STREET ADDRESS	2637 E. ATLANTIC BLVD. SUITE 101		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		1.4 CITY- ST-7IP		
TITLE		DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		İ
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - S1 - ZIP		
TITLE		DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 THEE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - \$1 - 2IP		
TITLE		DITE	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CHY-ST-ZIP		

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 suppliemental 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 trusted 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 or an attachment with an address.

FILED

Apr 21 1998 8:00am

Secretary of State

Zip Code