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

03749

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90041 045 ***150.00

DOCUMENT # **P96000083906**

1. Corporation Name
S.R.A. INVESTMENTS, INC.

Principal Place of Business	Mailing Address
6270 N.W. 43RD TERRACE BOCA RATON FL 33496	6270 N.W. 43RD TERRACE BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
10/03/1996

2. Principal Place of Business
21 4140 NW 60th CIRCLE
Suite, Apt. #, etc.
22 BOCA RATON, FLORIDA
City & State
23 33496 USA
Zip Country
24 25

2a. Mailing Address
26 4140 NW 60th circle
Suite, Apt. #, etc.
27 BOCA RATON, FLORIDA
City & State
28 33496 USA
Zip Country
29 30

4. FEI Number
~~NOT APPLICABLE~~ 65-0706855
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCHILDHORN, RICHARD
6270 NW 43RD TERRACE
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 4140 NW 60th CIRCLE
83 BOCA RATON, FL
84 City **FL** 85 Zip Code 33496

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 X Richard Schildhorn 3/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHILDHORN, RICHARD		1.2 NAME		
STREET ADDRESS	6270 NW 43RD TERRACE		1.3 STREET ADDRESS	4140 NW 60TH CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHILDHORN, MARSHA		2.2 NAME		
STREET ADDRESS	6270 NW 43RD TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		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-ST-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 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Richard Schildhorn REQUIRED 3/15/99 561-9/12-9209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #