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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000092750 (4)

SCHEEL, INC.

Principal Place of Business

461 LARK AVENUE MIAMI SPRINGS FL 33166 Mailing Address

461 LARK AVENUE MIAMI SPRINGS FL 33166-5136

FILED May 12 1997 8:00am Secretary of State



| | | | | | 3. Date Incorporated or Qualified | 3a D | ate of Last | Report |
|---------------------|--|--|---------------------------|------------------------|--|------------------------------|---------------------------|------------------------|
| | | | | | 11/12/1996 | Ju. (Se | ale of Last | Порон |
| 2. Principal P | ace of Business | 2a. Mailing Address | | | 4. FET Number | | | Applied For |
| 21 | | 26 | 26 | | | 65-0707238 Not Applicable | | |
| Sulte, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | Additional Required |
| City & State |) | City & State | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | Zip | Countr | у | 8. This corporation has liability for | or intangible | tax under | s 199.032 |
| 24 | 25 | 29 3 | 0 | | Florida Statutes | ☐ Yes | | |
| | 9, Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New F | registered | Agent | |
| AME | RILAWYER CHARTERED | | 81 | Name | | | | |
| | ALMERIA AVENUE | | | | | | | ···- |
| | VAL GABLES FL 33134 | | B2 Street Add | | odress (P.O. Box Number is Not Acceptable) | | | |
| 501 | | | 83 | | | | | |
| | • | | [] | | | | | |
| | • | | 84 | City | | - 1 | 85 Zip | Code |
| | | | <u>ļ</u> | 1 | | <u> </u> | <u></u> | |
| 11. Pursuant t | to the provisions of Sections 607.0503 poistered agent, or both, in the State | ≥ and 607.1508, Florida Statutes of Florida, Such change was au | i, the abou thorized h | /e-named iv the con | corporation submits this statement for the poration's board of directors. I horoby acc | : purpose ol :ept the apr | f changing nointment a | its registered |
| agent. I a | n familiar with, and accept the obliga | tions of, Section 607.0505, Flori | da Statuto | os. | portaion a board of airectors, I horoby dec | opi tro app | TOTAL TICHE & | a registered |
| SIGNATURE | | , , <u></u> | | | | | | |
| | Signature, typed or printed name of registers diager | | | jent signature | required when revisiting) | DATE | | |
| 12. | OFFICERS AND | DELETE DELETE | 13. | | ADDITIONS/CHANGES TO OFF | ICERS AND | | |
| TITLE | | □ barar | 1111111 | | M | _ | Change | Addition |
| NAME | SCHEEL, THOMAS J | | 1.2 NAME | | BERNARDO CORTE 461 LARK AVENUE | 5 | | |
| STREET ADDRESS | 481 LARK AVENUE | | 1.3 \$1RE | LADDRESS | 461 LARK HUENUE | | | |
| CITY-ST-ZIP | MIAMI SPRINGS FL 33166 | | 1.4 CITY - | ST-ZIP | MIAMI SPRINGS, FL. | 3316 | 6 | |
| TITLE | VSD | ™ DELETE | 2111111 | | _ | | Change | Addition |
| NAME | | | 2.2 NAME | | | | | |
| STREET ADDRESS | 461 LARK AVENUE | | 2.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI SPRINGS FL 33166 | | 2 4 City | - S1 - ZIP | | | | |
| TITLE | | DELETE | 31 101 LE | | | | Change | Addition |
| NAME "" | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | 3.3 51818 | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4, CITY | | | | | |
| TITLE | | | 4.1 1/1LE | 01-20 | | | Change | Addition |
| NAME | | and there is | 4. 2 NAMI | ī | } | | January | - rosmon |
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| STREET ADDRESS | | | | 1 ADDRESS | (| | | |
| CITY-ST-ZIP | | DELLITE | 4.4 CITY- | ST-ZIF | | | 110 | Audie |
| TITLE | | TT DECLUE | 5.1 TITLE | | | | Change | Addition |
| NAME | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 \$1REI | T ADDRÉSS | | | | |
| CITY-ST-ZIP | | | 54 CITY- | \$1 - 7 (P | | | | |
| TITLE | | Detere | 617111 | | | | Change | Addition |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | G.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 C/TY- | | | | | |
| | ov certify that the information supplied | with this films does not qualify | | | stated in Section 119.07(3)(i), Florida Statu | tes Lituribe | r certify the | it 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 eath; 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 changes, or on an attachment with an address.

CIGNIATUDE.

1.24-97

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