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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000095680 (0)

SCHNAUZER SPORTS, INC.

Principal Place	e of Business	Mailing Address						
3844 CORAL T COCONUT CRE	REE CIRCLE	3844 CORAL TREE CIRCL	-					
					3. Date Incorporated or Qualified 11/22/1996	3a. Date of L		
·	lace of Business		2a. Mailing Address		4. FEI Number	, l-	Applied For	
21 Puits Apt	#	26 Stude Apt # ota	Suite, Apt. #, etc.		68-010006	L	Not Applicable	
Suite, Apt #, etc		27]	*******		5. Certificate of Status Desired	Fee Required		
City & State		28	······ 1		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Z(p)	Country	Zip	Countr	······································	8. This corporation has liability for			
24	25	29	30		Florida Statutes	Yes 🛣 No	30, 3. 125.002,	
	g, Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent		
KUR	rtz, Brett a		81	Name	•			
	4 CORAL TREE CIRCLE		82	Street Add	ress (P.O. Box Number is Not Acceptate	ole)	***************************************	
CO0	CONUT CREEK FL 33073					-,		
			83	3				
			84	4 City		 85	Zip Code	
			<u> </u>			FL	·	
office or r agent. La	to the provisions of Sections 607.05 registered agent, or both, in the Sta im familiar with, and accept the obli	le of Florida, Such change was	authorized t	by the corpora	poration submits this statement for the pation's board of directors. I hereby acceptions	arpose or chang at the appointme	int as registered	
SIGNATURE	Signature, typical or printed name of consisted a	pent and time if applicable (NO	TE: Registered A	pen signature regu	ired when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	CTORS IN 12	
THE	D	DELETE	1.1 TITLE			☐ Ch	nange Addition	
NAME	KURTZ, BRETT A		1.2 NAME	:				
STREET ADDRESS	3844 CORAL TREE CIRCLE		1.3 STREE	ET ADDRESS				
CHTY - ST - ZIF	COCONUT CREEK FL 33073		1.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE	[☐ Ch	nange L Addition	
NAME			2.2 NAME	:				
STREET ADDRESS			2.3 STREE	ET ADDRESS				
CITY-ST-ZIF		Delete	2.4 CITY			1 1 6.		
THTLE		DELETE	3.1 TITLE			L Ch	ange L. Addition	
NAME			3.2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZP		DELETE	3 4. CITY			☐ Ch	nange Addition	
TITLE		m pereje	4.1 TITLE 4 2 NAM			L UII	multe TT MONITOR	
NAME CTOST LANGUESE				ET ADDRESS	·			
STREET ADDRESS			43 SIRE					
CITY ST-7IP		DELETE	5.1 TITLE	····		☐ Ch	nange Addition	
NAME		FT DETECT	5.0 NAMI			L 011	mage and reported	
STREET ADDRESS				ET ADDRESS				
CITY - ST - ZIF			5.4 CITY			٠		
TITLE		DELETE	6 1 TITLE		*	☐ Ch	nange Addition	
NAME			6.2 NAMI			1 .	- 	
STREET ADDRESS				ET ADDRESS	4			
CITY - ST - ZIP			6.4 CITY					
14. I do here	by certify that the information suppl	ied with this bling does not qua	lify for the ex	cemption state	d in Section 119.07(3)(i), Florida Statute	s. I further certifi	y that the	
Lam an c		or this receiver or trustee empo	wered to exe		at my signature shall have the same lega ort as required by Chapter 607, Florida t			

Brett Kurtz 2-11-97

FILED

Feb 17 1997 8:00am

Secretary of State