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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000001626

DAVID SCHWAB & ASSOCIATES, INC.

Principal Place	e of Business	Mailing Address	-				
		318 OLD DUNN CT				•	٠
LAKE MARY FL 32746		LAKE MARY FL 32746			DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed		
		•			01/01/1997		ĺ
0 Day 25 12 2	Inna of Business	2a. Mailing Address		<u> </u>	4. FEI Number	Δ	plied For
—¬ '	lace of Business	<b>⊢</b>			36-4135293		ot Applicable
21 Suito Ant	# otc	26 Suite, Apt. #, etc.			_	\$8.75	
Suite, Apt.	#, etc.	27			5. Certificate of Status Desired	Fee Re	<b>I</b>
City & State		City & State			6. Election Campaign Financing	\$5.00	May Re
23 28				Trust Fund Contribution Added to Fees			
Zip Country Zip			Country		This corporation owes the current year in		
24	25	29	30	-	Personal Property Tax.	Yes	□No
£4	9. Name and Address of Current		,		10. Name and Address of New Registered	I Agent	
		AU LORIO	-	81 Name			
	WAB, DAVID	<i>(</i> )	}	82 Street A	ddress (P.O. Box Number is Not Acceptable)		
318 OLD DUNN COURT				oz Street A	udiess (F.O. DOX Nullibel is NOt Acceptable)	·	<u></u> l
LAKE MARY FL 32746			ŀ	83			
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				84 City	FI	L 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the ab	ove-named c	orporation submits this statement for the purpose of	of changing its	registered
off.co.o.r	registered agent, or both, in the State of im familiar with, and accept the obligation	l Florida. Such change was a	HITOOFIZEO	by the comor	ation's board of directors. I hereby accept the app	ointment as re	gistered
•	im iamiliar with, and accept the obligation	ons of, Section our codes, File	nga Otalu		,		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered /	Agent signature rec	uired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 ΠΠ	.E	1,725,19	Change	☐ Addition
NAME "	SCHWAB, DAVID		1.2 NA	νE .			·
STREET ADDRESS	318 OLD DUNN COURT		1.3 STF	REET ADDRESS			-
CITY-ST-ZIP	LAKE MARY FL 32746		1,4 CIT	Y-ST-ZIP		•	
TITLE		☐ DELETE	2.1 TIT	Æ	•	Change	Addition
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CITY-ST-ZIP				ME REET ADDRESS		C Strange	
	sin the designation of the second	· 李	2.3 STF				
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	PRODUCTION OF THE PRODUCTION O	TE TE 호호하다고 구매하다 위하다 □ DELETE	2.3 STF 2.4 CFT 3.1 TITT 3.2 NA/	REET ADDRESS TY-ST-ZIP			☐ Addition
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14. I hereby certify that the information supplied with this filing offes 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 received 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.

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90033 021 \*\*\*150.00