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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000037992

1. Corporation Name
SCHREIBER ENTERPRISES INC.

562947 - 90009 - 24



Principal Place of Business 130 FOX ROAD HOLLYWOOD FL 33024	Mailing Address 130 FOX ROAD HOLLYWOOD FL 33024
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 130 Fox Road		2a. Mailing Address 26 130 Fox Road		3. Date Incorporated or Qualified 04/28/1997	
Suite, Apt. #, etc. 22 Hollywood, FL		Suite, Apt. #, etc. 27 Hollywood, FL		4. FEI Number 65-0761227	
City & State 23 33024		City & State 28 33024		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SCHREIBER, WARREN
130 FOX ROAD
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent
 81 Name **Schreiber, ~~Warren~~ BRIAN**
 82 Street Address (P.O. Box Number is Not Acceptable)
130 Fox Road
 83
 84 City **Hollywood** FL 85 Zip Code **33024**

B. Schreiber **BRIAN SCHREIBER**

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 *Maria Rodriguez* **Maria Rodriguez** DATE **4-22-99**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input checked="" type="checkbox"/>
NAME	SCHREIBER, N	
STREET ADDRESS	130 FOX RD	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	SCHREIBER, W	
STREET ADDRESS	130 FFX RD	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	S	<input type="checkbox"/>
NAME	SCHREIBER, B	
STREET ADDRESS	130 FOX RD	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	T	<input type="checkbox"/>
NAME	RODRIGUEZ, M	
STREET ADDRESS	130 FOX RD	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Schreiber, B		
1.3 STREET ADDRESS	130 Fox Road		
1.4 CITY-ST-ZIP	Hollywood, FL 33024		
2.1 TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Rodriguez, M		
2.3 STREET ADDRESS	130 Fox Road		
2.4 CITY-ST-ZIP	Hollywood, FL 33024		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *Maria Rodriguez* **Maria Rodriguez** DATE **4-22-99** 954 966-3603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)