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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90246 022 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000066169

1. Corporation Name
SCHNEIDER BROKERAGE, INC.

Principal Place of Business
13781 N.W. 22ND PLACE
SUNRISE FL 33323

Mailing Address
13781 N.W. 22ND PLACE
SUNRISE FL 33323



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/30/1997

4. FEI Number
65-0772520

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

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

2. Principal Place of Business
21 15277 Citrus Grove Blvd
Suite, Apt. #, etc.

2a. Mailing Address
26 15277 Citrus Grove Blvd
Suite, Apt. #, etc.

23 City & State
Loxahatchee, FL

28 City & State
Loxahatchee, FL

24 Zip Country
33470 USA

29 Zip Country
33470 USA

9. Name and Address of Current Registered Agent

LICKER, JEFFREY A
13781 N.W. 22ND PLACE
SUNRISE FL 33323

10. Name and Address of New Registered Agent

81 Name
JAY S. Schneider

82 Street Address (P.O. Box Number is Not Acceptable)

83 15277 Citrus Grove Blvd

84 City Loxahatchee FL 85 Zip Code 33470

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/99

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SCHNEIDER, JAY
11105 NW 38TH PLACE
SUNRISE FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
SCHNEIDER, KATHERINE
11105 NW 38TH PLACE
SUNRISE FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Schneider, Jay
15277 Citrus Grove Blvd
Loxahatchee, FL 33470

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
SCHNEIDER, KATHERINE
15277 CITRUS GROVE BLVD
Loxahatchee, FL 33470

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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; that 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 561-333-9505
Date Daytime Phone #

CR2E034 (11/98)