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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000075965

1. Corporation Name

SCHOOLER ASSOCIATES, INC.

Mailing Addross

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90217 010 ***150.00



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2. Principal Place of Business			2a. Mailing Address										-	+ • •	
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Suite, Apt.	#, etc.	. Ь	Suite, Apt. #, etc.				5. Ce	ertifcate of	Status	Desired				/ D Ad e Req	dditional uired
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Zip	Country		Zip	Cou	intry		8. Thi	is corpora	ition ow	es the c	urrent ye				_
24	25	29		30			Pe	rsonal Pro	operty 1	ах.			☐ Yes	. (]No
	. 9. Name and Address of Curre	ent Regis	tered Agent				10. Na	ame and	Addres	s of Ne	w Regis	tered A	gent		
					81	Name									
GOL	.d, aaron j			,	82										
704 WEST BAY STREET						Street A	ddress (P.O.	Box Num	iber is 1	Not Acce	eptable)				
	PA FL 33606			:	83	_									_
I ANNI	FA 1 L 33000				03										
					84	City						FL	85	Zip C	ode
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11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 6	07.1508, Florida Statu	tes, the a	bove-i	named co	corporation su	ibmits this	staten	ent for t reby ac	ne purpo cept the	ose or c Inionae	nangır İment :	ng Kisr as red	egistered istered
office or re	egistered agent, or both, in the State im familiar with, and accept the oblig	ations of,	, Section 607.0505, Flo	orida Stati	utes.	ne corpon	redon's podic	a or anock	<i>p</i> 10.1110	, u	00pt 010	арро			
SIGNATURE								15/21/			0.	ATE.			
	Signature, typed or printed name of registered ag				Agent s	signature req	quired when reinst	DITIONS/	CHANC	ES TO			DIPE	CTO	2S IN 12
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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 attachno int with an address with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR