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

PROFIT CORPORATION **ANNUAL REPORT**

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000101490 (5) DOCUMENT

FILED May 15 1998 8:00am Secretary of State

SCHRECENGOST, INC. Principal Place of Business Mailing Address 9975 169TH CT. N. 9975 169TH CT. N. JUPITER FL 33478 Jupiter fl 33478 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/01/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 65-0804232 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SCHRECENGOST, RANDALL 9975 169TH CT. N. 82 Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33478 83 84 City Zip Code 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 lete if applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PRESINGNI DELETE 1.1 TITLE Change ___ Addition TITLE ANDALL SCHRECENGOSY NAME 1.2 NAME 169 CT STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - \$1 - ZIP IPITUR, FL Addition TITLE 2.1 TITLE Change AES HELLY SCHRECENGOST NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS UPITER FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP Addition Change TITLE VELYA SCHRECENOUS 3.1 TITLE NAME 3.2 NAME 5975 169 CT STREET ADDRESS 3 3 STREET ADDRESS OPITER CITY-ST-ZIP 34. CITY-ST-ZIP 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY~\$1-7IP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-7IP 6.4 CITY-ST-ZIP

14. Thereby 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 eath; 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 13 if changed, out an attachment with an address. Block 12 or Block 13 if changed, or

1998 (561) 746-0378