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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000015239

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90153 036 ***150.00

. Corporation	Name							
SCHOENTHALER'S, INC.								
CONCENTIALENCE INC.						1 (BBC/CBC) 210 (BCC) 10(1) 00(1) 00(1) 00(1) 00(1)	I 11 00 0 0111 0 11 0 1	NA 1811A 1812 1 88 1
Principal Place	of Business	Mailing Address			<u> </u>	- I 1801/881 (IO IBIB) (OH) BOLL OBIH BOHL)	IB HHIB IBN JOST
55-B BLUFF LAKE ROAD. HWY. 33 NORTH 55-B BLUFF LAKE ROAD. HWY.					TH			
MASCOTTE FL 34753 MASCOTTE FL 34753						DO MOT MIDITE IN THE	CCDACE	
						DO NOT WRITE IN THE	S SPACE	 1
						3. Date Incorporated or Qualifed		
						02/16/1998 4. FEI Number		antiad For
2. Principal Place of Business 2a. Mailing Address						59-3493685		pplied For lot Applicable
21		26				3 12 31 13683		Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.			•			5. Certifcate of Status Desired		Required
22		City 9 State				6 Starting Composing Singsoing		May Be
City & State City & State						6. Election Campaign Financing Trust Fund Contribution		to Fees
Zip	Country			Country		8. This corporation owes the current year li		
_ `	<u> </u>	29	30				Yes	□No
24	9. Name and Address of Current		(30)			10. Name and Address of New Registered	d Agent	
	37 Teams and Address 5. Garding	, , , , , , , , , , , , , , , , , , ,		81	Name			
SCH	OENTHALER, JEFFORY					(D.O. Day Niverhania Nat Assantable)		
	BLUFF LAKE ROAD, HWY. 33 N	HTRO		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
MAS	COTTE FL 34753			83				
					,		1==1 7:-	Code
				84	City	F	L 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida S	Statutes, th	e above	e-named corpo	pration submits this statement for the purpose	of changing it	ts registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change v	vas autnor	izea DV	the comoratio	n's board of directors. I hereby accept the app	ointment as r	registered
	m tamiliai with, and accept the obligati	uns or, dection our lose.	o, monda c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required					when reinstating) DATE			
12:	OFFICERS AND	PIDEOTODO		13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECT	70PS IN 12
TITLE		DIRECTORS				ADDITIONS/CHANGES TO OFFICE NO.		
111/02	D	DELET		.1 TITLE		ADDITIONS/OTIANGES TO OTH TOLINO	Change	
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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 attachment with an address, with all other like empowered.

SIGNATURE:

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

352 429-0100

Daytime Phone #