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PROFIT CORPORATION. ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800038270

E. J. SCHAERER, INC.

Principal Place of Business 222 SOUTH PALMWAY

LAKE WORTH FL 33460

Mailing Address

222 SOUTH PALMWAY LAKE WORTH FL 33460

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90037 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

<u>04/27/1998</u>

	l 2a. Mail	ing Address		4. FEI Numb	per	1100	Applied For
21 209 S. Palm	4/4/ 26 2	09 S. Pa	lmway	63	5-0836	7483	Not Applicable
Suite, Apt. #, etc.	Suite	e, Apt. #, etc.			of Status Desired	\$8.	.75 Additional
22	27			J. OBILITORIO		F	ee Required
City & State		& State	"	6. Election (Campaign Financing	* -	5.00 May Be
23 Lake Worth	<u> </u>	ake Wor		- <u>-</u>	d Contribution	A	dded to Fees
Zip Cou	intry Zip		Country		oration owes the cur		•
24 33460 25 Pa	m Beach 29 3	3460 30)		Property Tax.	□Ye	
9. Name and Ad	dress of Current Registered	l Agent	04 None	10. Name an	d Address of New I	Registered Agent	·
ACHIEREN EDIMARA	81 Name						
SCHAERER, EDWARD J 222 SOUTH PALMWAY			82 Street Address (P.O. Box Number is Not Acceptable) 83 209 S. Palmway				
			~~~	ike Wo	rth	PL	33460
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							
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered sagent. Fram familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATI DE " " " " " " " " " " " " " " " " " "							
Signature, typed or printed r	name of registered agent and title if applic		gistered Agent signature re		COLUMNOED TO OF	DATE	ECTORS IN 12
12.	OFFICERS AND DIRECTO	DELETE	13.		S/CHANGES TO OF	TICERS AND DIR	
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	1 22460		1.4 CITY-ST-ZIP				
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	L 33400	☐ DELETE	2.1 TITLE 2.2 NAME	La Re W	orw, Pi		
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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 informatic 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.