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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000041802

1. Corporation Name

DONNA M. SCHELLER INC.

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90056 012 \*\*\*150.00



Principal Place	e of Business	Mailing Address				1 199(1991 +10 10101 10111	hilt Anter anerr antre :	11861 .e	
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COCONUT CREEK FL 33063 COCONUT CREEK FL 33063									
							WRITE IN THIS	SPACE	
						3. Date Incorporated or Qua 05/08/1998	iirea 		
2. Principal Pl	lace of Business	2a. Mailing Address	^			4. FEI Number		Ap	plied For
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desir	ed 🗆	T	Additional
22		27							equired
City & State	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- City & State	PI			6. Election Campaign Finan	cing 🔲		May Be
23 (ملاما)		28 Courn't Creek			<del></del>	Trust Fund Contribution		Added	to Fees
Zip 24 350 7.3	Country USA	29 33073 3	Coul	ÜΣ	4	8. This corporation owes the	current year int	angible Tes	□No
24 550 13		<u> </u>	30	<del>0</del> 3		Personal Property Tax.  10. Name and Address of the	low Penistered		
	9. Name and Address of Current	t Registered Agent		81	Name	10. Name and Address or t	iew itegistered	Agent	
COR	PORATION SERVICE COMPANY								
1201 HAYS STREET				82	Street Ad	dress (P.O. Box Number is Not Ad	ceptable)		
TALLAHASSEE FL 32301-2525				83				-	
174	341/10022 / 2 0230 / 2023			63					
				84	City		FL	85 Zip (	Code
	to the provisions of Sections 607.0502	0 - 1007 4500 El-id- Ol-t-4-							ranistared
office or re	egistered agent, or both, in the State of	of Florida. Such change was aut	thorized	by th	named con ne corpora	tion's board of directors. I hereby	accept the appoi	ntment as re	gistered
agent. I ar	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statu	ıtes.				•	
SIGNATURE									1
							DATE		_
	Signature, typed or printed name of registered agent		<u> </u>	Agent s	signature requi	ired when reinstating)	DATE	ID DIRECTO	DRS IN 12
12.	OFFICERS AN	D DIRECTORS	13.		signature requi	ired when reinstating) ADDITIONS/CHANGES To		ID DIRECTO	DRS 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/ah attachment with an address, with all other like empowered.

**SIGNATURE:**