## 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

<b>DOCUMENT #</b>	P98000046759
1. Compretion Name	1 00000040100

SCHMALL SHRIMP, INC.

Principal Place of Business	Mailing Address
P.O. BOX 60122	P.O. BOX 60122
FT. MYERS FL 33906	Ft. Myers Fl 33906

2. Principal Place of Business		2a. Mailing Address				
21			26			
	Suite, Apt. #, etc.			Suite, Apt. #	, elc.	
22			27			
	City & State		1.,,,,	City & State		•
23	ı		28			
	Zip	Country		Zip	Country	
24	į į	25	29		30	
	9 Name :	and Address of Co	creent Regie	stered Agent		

SCH	imall,	ROGER		
815	<b>BUTTO</b>	NWOOD	DF	₹.
FT. I	MYERS	BEACH	FL	3393

	FIL	ED		
99 M	IAR 29	AM	9:	46



## DO NOT WRITE IN THIS SPACE

4.	<b>05/21/1998</b> FEI Number	•		Applied For Not Applicable
	65-0840821		#0.7	
5.	Certificate of Status Desired	[.		5 Additional Required
6.	Election Campaign Financing Trust Fund Contribution	[]	-	00 May Be ed to Fees
8.	This corporation owes the curre Personal Property Tax.	ent year l	ntangible [1] Yes	χχνο
10.	Name and Address of New R	egistere	d Agent	
	٠.			
s (F	O. Box Number is Not Accepta	ble)		
	·			

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 to be 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 and the office of the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and the office of the state of Florida.

83 84 City

81 Name 82

Street Addr

egent. ra	m ramiliar with, and accept the obligations of, Section 607.0505, Fit	onda Statules.	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTI	E: Registered Agent signature r	equired when real statings DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D [] DELETE	1.1 TITLE	[] Change [] Addton
NAME	SCHMALL, ROGER	1.2 NAME	
STREET ADDRESS	815 BUTTONWOOD DR.	13 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BEACH FL 33931	: 14 C/TY-ST-ZIP	99141000000
TITLE	[] DELETE	21 TILE	900002831409
NAME		2.2 NAME	****150.00 ****150.00
STREET ADDRESS		2.3 STREET ADORESS	****130.00 ****130.00
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CTTY-\$1-ZIP		3.4. CITY- \$1-2IP	
TITLE	[] DELETE	4 1 TITLE	[ ] Change [ ] Addition
NAME		4 2 NAME	
STREET ADDRESS		43 STREET ADDRESS	
OTTY-ST-ZIP		4.4 CiTY+ST-ZiFI	eren eren eren eren eren eren eren eren
TITLE	☐ DELETE	51 TITLE	[*] Change [*] Addition
NAME		5 2 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-SY-ZIP		54 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·
TIFLE	DELETE	617/TLE	['] Change
NAME		6 2 NAME	Mona Pi
STREET ADDRESS		63 STREET ADORESS	$3^{\prime}$

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 3 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**