2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000052326

1. Entity Name
SCHOTT OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
1150 NORTHWEST 58TH STREET MARGATE, FL 33063	1150 NORTHWEST 58TH STREET MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

03252004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0948766	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILCHMAN, HOWARD J P.A.
9600 WEST SAMPLE ROAD
SUITE 205
CORAL SPRINGS, FL 33065

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

U00000107244

04/08/04-B0007-011 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHOTT, MICHAEL
STREET ADDRESS	1150 NORTHWEST 58TH STREET
CITY-ST-ZIP	MARGATE, FL 33063

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____   3/4/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #